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Attachment 4.2(c) Input of State Rehabilitation Council

Required annually by all agencies except those agencies that are independent consumer-controlled commissions.

Identify the Input provided by the state rehabilitation council, including recommendations from the council's annual report, the review and analysis of consumer satisfaction, and other council reports. Be sure to also include:

- the Designated state unit's response to the input and recommendations; and*
- explanations for the designated state unit's rejection of any input or recommendation of the council.*

Performance Indicator 1.1

Change in Employment Outcomes (+1)

The difference between the number of individuals exiting the VR program who achieved an employment outcome during the current performance period and the number of individuals exiting the VR program who achieved an employment outcome during the previous performance period.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: It appears that one of the reasons this indicator wasn't met has more to do with current employment trends during difficult economic times. In the best of circumstances, employment outcomes for persons with disabilities are going to lag behind the general workforce. Working on educating the general public and changing attitudes would be an excellent inroad to helping improve employment outcomes. Perhaps using Commission members with significant disabilities to facilitate programs or give presentations may help the general population see us as something more than decoration in the process.

While the state's overall employment rate has fallen, VR has fallen short in meeting its employment outcome goal for people with disabilities. VR has changed the way it calculates "unmet need" for those eligible individuals wishing to obtain a higher education or vocational need. Now, fewer individuals are receiving financial assistance from VR for post-secondary training. VR needs to consider providing "maintenance" (see PPM 200.61) for those individuals who may not have increased living expenses due to attending school but who still cannot afford the other costs associated with attending school. There needs to be a more equitable policy established to determine unmet need.

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A person being placed in a job that is not compatible with the individual's capabilities, abilities, interests, etc. or placed in a job that may not provide enough income to allow the person to be self reliant end up quitting these jobs prior to reaching a "successful closure" with VR. This could account for a portion of the results in this indicator this year. More use of the on-the-job-training services (PPM 531) could assist in this area.

VR needs to strengthen their involvement with the State's sheltered workshops (facility-based work centers). Individuals with disabilities who are making far less than minimum wage at workshops need to be afforded "choice" (on an ongoing basis) in work settings and afforded an opportunity to work in more integrated settings and earn a fair wage. This could lead to additional successful closures.

[BRS Response: BRS is revisiting the entire PPM to draft rules. Specifically, BRS has set aside a work group to address post-secondary policies.

BRS leadership has encouraged VR Counselors to refocus efforts on provision of guidance and counseling to consumers to ensure quality placements and outcomes. VR Counselors even have new performance metrics for staff related to engagement with consumers to encourage Counselors to continue his/her counseling and guidance to confirm stabilization on the job and ensure such placement is agreed upon by the consumer and meets the IPE goals.

VR is working with the Bureau of Developmental Disability Services (BDDS) to ensure those with the most significant disabilities are referred to VR when appropriate. VR does not provide supports to individuals in sheltered workshop settings, nor provide direct supports to individuals pursuing sheltered workshop outcomes. The commission's comments regarding sheltered workshops will be shared with BDDS as the comments may be more relevant for our BDDS partners.]

Performance Indicator 1.2

Percent of Employment Outcomes (55.8%)

The percentage of individuals exiting the program during the performance period who have achieved an employment outcome after receiving services.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

NO COMMENT

Performance Indicator 1.3

(Primary Indicator) Competitive Employment Outcomes (72.6%)

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The percentage who exit the VR program in employment in integrated settings with or without ongoing support services, self-employment, or BEP (Business Enterprise Program) employment with hourly rate of earnings equivalent to at least the federal or state minimum wage rate, whichever is higher, based on all the individuals exiting the program who have achieved an employment outcome after receiving services.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: NO COMMENT

Performance Indicator 1.4

(Primary Indicator) Significance of Disability (62.4%)

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: NO COMMENT

Performance Indicator 1.5

(Primary Indicator) Earnings Ratio (.52)

The ratio of the average hourly earnings of all individuals in competitive employment to the average hourly earnings of all employed individuals in the state.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

NO COMMENT

Performance Indicator 1.6

Self-Support (53.0)

For those identified in Performance Indicator 1.3, the difference in the percentage of individuals who at program entry reported their income as the largest single source of support, and the percentage that reported their personal income as the largest single source of support at program exit.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: One of the big issues facing persons with disabilities achieving employment that can lead to the ability to be self-supporting, is a trend we see becoming more prevalent, unemployed or underemployed undergraduate degree holders. The bachelor's degree is the new high school diploma, and leads to jobs in fast food restaurants, retail, construction, and low level service entry jobs. Gone are the days when having an undergraduate, non-licensure

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degree, led to significant income opportunities. Persons with disabilities are closed out of many entry level jobs because of physical or opportunity limitations, or just the availability. Offering limited educational programs through our VR services will not be the way to help persons with disabilities earn a competitive self-sustaining income.

We need to look at individuals and their specific needs on a case by case basis. I know that VR educational assistance are not available to those persons who have undergraduate degrees. Some people need to further their education past the bachelor's degree in order to be able to be competitive in the work place. Specifically those persons whose disabilities manifested after their initial educational goals were met. I can think of many instances where someone with a disability may even have a graduate degree, but are unable to do their previous career and need to be retrained. In order to make a person competitive in the workplace they have to have an edge, and frankly we are not providing this to our clientele. Having a hard and fast rule about qualifying for services based on what kind of degree or lack of degree you have only serves to assure outcomes won't ever measure up to persons with a disabilities being able to adequately support themselves and their families.

The percentage of people with disabilities in competitive employment with their own income as primary source of support has fallen. Many VR applicants are recipients of Medicaid and/or SSDI or SSI. They have a fear of losing their benefits, especially medical benefits if they try to obtain or reenter a job. Many people prefer to work a part time job in order to maintain SSA benefits. Many available jobs do not offer benefits or medical insurance and people do not want to take that "risk" of being without those supports. The Benefits Information Network (BIN) and the Community Work Incentive Coordinators are underutilized. They can assist the applicant in understanding how going to work will impact benefits and explain the incentives that are available to return to work. For others who attempt to work but may not succeed, issues such as lack of transportation, lack of on the job training, and other support services are typical barriers.

Better branding by not only VR, but service providers will aid in increasing Federal Performance Indicator 1.6. I believe that a shift in perception of the general population abilities of people with disabilities will aid in an increased reliance on household income earned by people with disabilities. This shift in perception will need to occur not only in the general population, but also in the minds of a large number of people living with disabilities; so many people do not have any idea of their potential. This is where educating citizens with disabilities as to their capabilities can make a difference.

[BRS Response: VR looks at all individuals on a case-by-case basis and determines an appropriate employment goal for each individual. Training is always an option for consumers as it relates to a needed and necessary service for achievement of their employment goals.

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Additionally, with respect to post-secondary services and policies, a workgroup has been established to assist in drafting rules. The workgroup includes membership of a variety of stakeholders including the Client Assistance Program.

BRS outreach and education efforts will continue to educate consumers and families about benefits. VR actually experienced an increase in the number of individuals receiving BIN services in FFY13 compared to FFY12. In FFY13, VR funded 1,325 individuals in receiving BIN services, compared to 1,191 in FFY12.]

Performance Indicator 2.1

Minority Background Service Rate (.80 Ratio)

The ratio of the percent of individuals with a minority background to the percent of individuals without a minority background exiting the program who received VR services.

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: While this outcome was exceeded, it was exceeded by very little. This goal will require continued efforts to reach all that are in need of services.

[BRS Response: No Comment]

Overall Performance

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

COMMENT: In general, we must lay a more comprehensive infrastructure in our VR services to help persons with disabilities obtain competitive integrated self supporting careers. We may need to adjust our focus to look at achieving career goals not just job goals. It is just be semantics, but we have got to change our own perceptions to see ourselves as career seeking potential employees to be taken more seriously in the work world. Sometimes we are all too eager to allow persons who provide services to us to “take charge” and decide what is best for those of us who live with these various disabilities. The result of this abdication is to allow persons who do not have challenges to actually discount participation in the process.

Our state needs to move along further to include in our RFP’s and even hiring practices giving weight to awarding contracts and even jobs to those persons with disabilities. If our goal is to get the general population to celebrate the diversity and contributions of persons with disabilities, then we need to model this behavior in our committees, agencies, and general meetings. If we want increase the value of persons with disabilities to the general public, then we have to show in real measures that we value persons with disabilities and the contributions they can make to society.

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The Customer Satisfaction Survey should be offered in an electronic format: It is not certain if the survey has to be done through a state computer system or if a simple survey monkey can be offered, but an electronic option will aid in VR's ability to gather data as well as aid in offering a wider variety of accessible options of survey completion to consumers.

[BRS Response: The VR customer satisfaction survey system was completely revamped in 2013. Not only was the survey revised, but so also was the survey dissemination process. The response rates were greatly increased with the new approach. Whereas the previous survey garnered 1868 survey responses over the final 14 months of dissemination, the new survey collected 2,799 in its first twelve months (2,209 from successful case closures and 690 from unsuccessful case closures). This 50% increase in the number of responses transpired at the same time the number of successful and unsuccessful case closures dropped by over 12%, clearly indicating that the new methodology was effective in achieving a much higher response rate. BRS will explore additional options for distribution and collection of customer satisfaction surveys as necessary such as consideration for a web survey in the future. If implemented and a person has e-mail, this could become the first means of contact followed by mail.]

With a population of roughly 6.5 million Hoosier residents, there is a very high percentage of Indiana residents who have disabilities that do not know of the great services that can be offered to them by VR. This would involve a concerted effort as well as State financial backing to enhance the branding of VR as well as bring the message to all Indiana communities. It is uncertain about the State's restrictions on marketing as it pertains to advertisement, but we will need to provide all types of media to best penetrate various communities. Targeted marketing with an emphasis on abilities of people with disabilities will, in opinion, help with the State's culture as it is related to employing this diverse population. Of course, enhanced marketing will result in higher numbers of people with disabilities served by VR. This will result in a need to hire additional Counselors and Administrative Personnel.

[BRS Response: BRS has developed a new Business and Community Engagement 'unit' to look at VR re-branding efforts that includes appropriate outreach and education to increase appropriate referrals.]

The State should allocate funds to be able to draw down on the additional \$14 million that Indiana returned to the RSA. Some of this funding could be allocated to marketing as well as new and innovative Programs to serve people with disabilities.

[BRS Response: BRS is currently investigating strategies to reinvest resources in a way that will assist the program in meeting its goals and priorities, and expand service provision to an increased number of VR eligible consumers. Any new initiatives and strategies will need to be implemented thoughtfully and gradually. Unused VR federal dollars in Indiana are re-allotted

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through a federal re-allotment process and used to support other VR programs across the nation, and therefore other individuals with disabilities in obtaining employment outcomes.]

There should be increased collaboration among VR and service providers in the state of Indiana as it pertains to marketing. If every human service provider who acts as a vendor would be willing to take VR marketing materials along with them on their outreach efforts this could be a powerful tool in helping to get the word out about the services offered by, not only our own programs, but those offered by Vocational Rehabilitation.

[BRS Response: BRS is collaborating with CRP's to ensure that a consistent message is shared.]

Statistics provided to the Commission indicate that that there are fewer individuals assigning their Ticket (TTW) to VR in the 2 categories of customer groupings but about the same number of SSI/SSDI recipients seeking services. The SSA Ticket To Work program and the work incentives available through this program need to be explained in detail to VR applicants.

[BRS Response: While tickets for some VR eligible consumers are assigned to VR, others are kept 'in use.' Consumers with tickets 'in use' are encouraged to assign their tickets to another Employment Network (EN) after VR closure under the SSA TTW 'Partnership Plus' program.]

Federal performance indicators 1.1 and 1.6 are affected by the low numbers from specific regions bringing down the overall percentages in 2012-2013.

AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT

COMMISSION COMMENT [BRS RESPONSE, AS APPROPRIATE, IN BRACKETS]

Food for Thought (PROVIDED TO THE COMMISSION)

*VR Program Mission, VR Program Purpose, VR Program Values

NO COMMENT

*Transition (Needs Assessment Topic)

COMMENT: "Juvenile" applications have remained constant from 2011-2013 however the Commission has commented on several occasions that VR is absent at many secondary case conference committee meetings for youth who are nearing transition. Should these numbers be going up if "transition" is a primary focus area of the triennial plan?

[BRS Response: Quality services for transition-aged students continues to remain a priority for VR. It is important to understand that while attending case conferences is one way to become engaged with transition-aged students, it is not required for every student and VR is focused

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on identifying better ways to do purposeful outreach. Strategies under serious consideration include work experience, internships, and increasing education to students, families, and school personnel. It is important that educational professionals understand VR's scope of services and processes in order to meet their responsibilities in ensuring a seamless transition process, and educating students and families about the importance of setting employment expectations for all youth, including youth with disabilities.]

*Employer/Job Market Match (Needs Assessment Topic)

COMMENT: NO COMMENT

*Unserved/Underserved Populations (Needs Assessment Topic)

COMMENT: NO COMMENT

Attachment 4.8(b)(1) Cooperative Agreements with Agencies Not Carrying Out Activities Under the Statewide Workforce Investment System

Describe interagency cooperation with and utilization of the services and facilities of agencies and programs that are not carrying out activities through the statewide workforce investment system with respect to

- *Federal, state, and local agencies and programs;*
- *if applicable, Programs carried out by the Under Secretary for Rural Development of the United States Department of Agriculture; and*
- *if applicable, state use contracting programs.*

The Division of Disability and Rehabilitative Services (DDRS)/Bureau of Rehabilitation Services (BRS)/ Vocational Rehabilitation Services (VRS) seeks interagency cooperation with a number of agencies and entities that are not partners required by the Workforce Investment Act of 1998. These include:

Community & Business Engagement has been added within BRS to address the necessity of getting a consistent message of BRS and the service it can provide to eligible applicants. Various partners who are in contact with current and potential consumers include schools, employers, other state agencies and national partners. Since new leadership has come to BRS in late 2013, the emphasis will be on “getting back to the basics” and educating existing partners about VR and what it can do to assist individuals with disabilities find, retain and maintain employment. While the message is basic, the method of distribution to the potential

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consumers of our services will be state of the art and with innovation in mind. Today's youth are well versed with cutting edge technology such as social media and we intend on using every avenue to reach them in order to benefit them in finding their ways to a healthier and self-sufficient and more productive lives.

Project SEARCH: Indiana has implemented this national training and employment model for youth and young adults with significant disabilities that is resulting in quality employment outcomes. Key partners for Project SEARCH include youth and their families, BRS, schools, businesses and providers.

Centers for Independent Living (CIL) and Independent Living Programs: BRS makes a concerted effort to maintain an open working relationship with the CILs that are located in Indiana. Counselors and other staff make referrals to centers and programs. The Center staff refers individuals to BRS. BRS supports the continuing goal of providing opportunities and assistance to the CILs that will enable them to become independent from State funding. The BRS Director of Outreach and Training meets bi-monthly with CIL Directors to provide updates; as well as, conducts quarterly meetings with CIL Directors, BDDS Director, BRS Directors, Older Blind Program Coordinator, and Money Follows the Person staff.

Community Rehabilitation Programs (CRPs): BRS has a close working relationship with CRPs which include Community Mental Health Centers (CMHCs). There are currently Purchase of Service Agreements (POSAs) with 85 programs. Agency and program staff interact daily, and are involved in local planning activities for the benefit of individuals with disabilities. The CRPs provide individualized placement services through a results based funding system. BRS recognizes the emphasis on getting information to potential recipients of VR services, but it also sees an equally significant need to make sure training resources are given to internal staff and contracted partners that will assist consumers in reaching their employment goal.

The Bureau of Developmental Disabilities Services (BDDS): BRS works very closely with BDDS in ensuring seamless transition to extended services. At time of job placement, counselors submit transfer documentation to ensure extended services are in place prior to BRS case closure as appropriate. We continue to look for new and innovative ways to partner with BDDS initiatives across the state.

Division of Mental Health and Addiction (DMHA): BRS staff work closely at a local level with the DMHA funded Centers for Mental Health. BRS has a training contract which provides training and consultation to all employment services providers, including mental health centers and BRS staff regarding employment for people with disabilities, including a focus on mental illness. There are approximately 25 CMHCs across the State that have BRS POSAs for placement services. DMHA continues to promote employment for persons with mental illness by including employment and career planning as measures in consumer services reviews.

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Social Security Administration (SSA): BRS collaborates with SSA on Ticket-To-Work. BRS continues to collaborate with Indiana's Benefits Information Network (BIN) to ensure that beneficiaries receive appropriate benefits planning and education on utilizing work incentives to work toward self-sufficiency. The new Administration has placed a priority on looking deeper into how we best can improve service delivery in this area to our consumers.

Veterans Administration (VA): Employment can play a major role in the recovery of wounded and injured service members. To support these brave men and women in their return to civilian life, BRS works with various local, state and federal entities concerning statewide veterans services. For example, a strong relationship exists with the Crane Learning and Employment Center that provides education and on the job training for veterans with disabilities along with the federal Veterans Benefit Administration – Vocational Rehabilitation and Employment, under the U.S. Department of Veterans Affairs. BRS has a collaborative working agreement that will assist veterans in receiving seamless information and referral services from both the state and federal VRS service agencies. This agreement includes staff cross training which will take place in late FFY13 or early FFY14. Business & Community Engagement Staff are workgroup members of the Crossroads Military and Veterans Hiring Initiative. This community collaboration model will evaluate, inform, organize, and advance community solutions for military, veterans and their families. The goal is to ultimately reduce the unemployment rate among Indianapolis and Central Indiana Veterans.

BRS maintains a collaborative working relationship with several advocacy and consumer support groups and organizations. These include IN-APSE: The Network on Employment (The NET); The Indiana Council on Independent Living (ICOIL); Indiana's Parent Training and Information Center (formerly IPIN), Indiana Resource Center for Families with Special Needs (INSOURCE); the Association of Rehabilitation Facilities in Indiana (INARF); and the Arc of Indiana. Input from these groups is sought prior to any major changes in BRS policies and procedures. In addition, BRS is also partnering with the Brain Injury Association of Indiana (BIA) on carrying out activities developed through the Traumatic Brain Injury (TBI) State Demonstration Grant.

Client Assistance Program (CAP): BRS and the Protection and Advocacy Services/Client Assistance Program (CAP) work together by discussing pertinent issues, identifying training needs, and collaborating on training opportunities. CAP is represented on the BRS Commission.

Department of Agriculture: Consumers utilize the Breaking New Ground program located at Purdue University. This program assists farmers with disabilities as well as providing outreach to rural communities (e.g., accessibility of churches).

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Small Business Administration (SBA): As consumers explore small business ventures, BRS utilizes the resources available through local SBA facilities. SBA has specialized staff that frequently work with BRS consumers on developing business plans. Consumers also participate in classes through SBA.

Assistive Technology Project: BRS works closely with Easter Seals Crossroads Assistive Technology Center to ensure that the Assistive Technology Act federal priorities are addressed. In addition, VR Counselors may participate in ongoing assistive technology training. BRS staff and BRS consumers can access the equipment loan program to test various types of equipment or borrow equipment to be used when repairs are necessary to previously purchased items.

Attachment 4.8(b)(2) Coordination with Education Officials

- *Describe the designated state unit's plans, policies, and procedures for coordination with education officials to facilitate the transition of students with disabilities from school to the receipt of vocational rehabilitation services, including provisions for the development and approval of an individualized plan for employment before each student determined to be eligible for vocational rehabilitation services leaves the school setting or, if the designated state unit is operating on an order of selection, before each eligible student able to be served under the order leaves the school setting.*
- *Provide information on the formal interagency agreement with the state educational agency with respect to*
 - *consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including VR services;*
 - *transition planning by personnel of the designated state agency and educational agency that facilitates the development and completion of their individualized education programs;*
 - *roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining state lead agencies and qualified personnel responsible for transition services;*

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- o *procedures for outreach to and identification of students with disabilities who need transition services.*

Transition services are for the purpose of providing a planned, efficient movement of students with disabilities from high school to work and/or further education or training. As required, BRS has a MOU with the Indiana Department of Education (IDOE) to create a common understanding and establish collaborative efforts regarding services for students with disabilities. While serving transition students has been a focus for BRS, with new administration it has become a renewed and prioritized initiative. In FFY15, BRS will establish a Transition Advisory Committee to identify and address the barriers that continue to exist impacting the transition from school to work success of youth with disabilities. In addition, a focus will be on best practices and such implementation of practices statewide. An effort will be made to invite and include representation from a wide range of partners including BRS, IDOE, School personnel and administrators, Indiana Council of Administrators of Special Education, the Bureau of Developmental Disability Services (BDDS), the Department of Mental Health and Addiction (DMHA), the Department of Workforce Development (DWD), and family advocacy groups. BRS will also collaborate with the Transition Cadres, which includes representation from the various school districts across the state.

Recently, BRS has designated a full time high school transition staff member to provide leadership, outreach and education to constituents; to provide technical assistance; and to promote collaboration with schools and other stakeholders. In addition, BRS works closely with the Indiana Institute on Disability and Community (IIDC) at Indiana University. IIDC promotes partnerships between Indiana schools and various state agencies and other support organizations. IIDC's focus is on career development, secondary education and transition to adult life and services. Through a National Institute on Disability and Rehabilitation Research (NIDRR) grant with IIDC, BRS is able to foster and expand on the partnerships and collaborative opportunities between the schools and vocational rehabilitation.

Presently, BRS is reviewing its current practices and is developing a plan to ensure appropriate services are provided to transition-aged students. Currently, the schools and BRS confer at least one time per year to review upcoming transition-aged students. If a student may be eligible for and benefit from BRS services, the VR Counselor will be invited to the case conference meeting that will take place during the school year before the students projected final year of school, or earlier, if appropriate. During the case conference or other meetings as appropriate, the student/parent is advised of the array of BRS services that may be available and the process to access those services. The case conference committee (whether BRS is at the meeting or not) must develop a transition individualized education plan (IEP) that will be in

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effect when the student enters into grade nine, or becomes 14 years of age, whichever occurs first. BRS staff and school personnel work to coordinate efforts to engage transition activities that will allow development of an individualized plan for employment (IPE).

Transition services are a cooperative effort. VR counselors are invited to assist with the planning related to transition services. The local school corporation takes the lead while the individual is a student, and when the student exits the school program, BRS becomes the lead agency. The VR counselor is then the responsible party for the provision of transition services to eligible students. The interagency agreement states that: The roles and responsibilities, including financial responsibilities, of each agency, including provision for determining State lead agencies and qualified personnel responsible for transition services:

1) The student's IEP will define the services and responsible payer for each of the services. (34 CFR §300.301 (a)) If BRS is responsible for payment of a service, this will be defined on the Individualized Plan for Employment (IPE). Services will be provided in accordance with the student's IEP, the requirements of 511 IAC Article 7, and the Vocational Rehabilitation Services Policy and Procedures Manual.

2) Each agency will maximize coordination in the use of public funds.

The VRS Policy and Procedure Manual states that for each student identified as an individual who may be eligible for VR, the school will invite the VR counselor to attend the student's annual case conferences for both of the two years prior to the projected exit from school. When the application for BRS program participation is desired and appropriate, the application must be taken as early as appropriate, but not later than the beginning of the last semester of the student's projected exit year. Once the student has applied, placement and related services may be authorized, as appropriate, at any time following completion of the students next-to-last year of school (e.g., following completion of the junior year), or earlier, if identified in the students IPE as appropriate to meet the students individualized vocational needs. VR services provided prior to the students exit year from school cannot supplant or duplicate any services for which the school bears primary responsibility.

Procedures for outreach to and identification of students with disabilities who need transition services is an identified need and area of focus. In addition to those activities described in the above sections, BRS is responsible for providing written information to students and their families regarding adult services. This written information is available in both English and Spanish.

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A brochure and cover letter is sent out annually to all guidance counselors in the local high schools informing them of BRS and requesting them to inform all students in regular education who might be eligible for the VR program.

VR counselors and/or area supervisors are involved in local transition councils if they exist in the community. Councils are made up of local stakeholders who are involved in the transition from school to work and adult life. Councils could include students/family, school personnel, service providers, etc.

Upon obtaining written consent, the School Corporation and BRS confer at least one time per year to review upcoming transition age students. As mentioned above, if a student may be eligible for and benefit from BRS, the VR Counselor will be invited to the case conference meeting.

IIDC is collaborating with BRS to facilitate cross-training opportunities for school personnel and VR staff. In addition, the creation of outreach materials, like VR fact sheets, are currently being finalized to help teachers, parents, and students understand the purpose of VR and the types of services VR may provide to assist the student reach his/her employment goal. In addition, VR has reached out to parent advocacy groups to start educating parents and advocates about VR services. It is critical that parents begin understanding transition services at an early age so that they are well informed and can be an active participant when the student's transition IEP and IPE is developed.

Attachment 4.8(b)(3) Cooperative Agreements with Private Nonprofit Organizations

Describe the manner in which the designated state agency establishes cooperative agreements with private non-profit vocational rehabilitation service providers.

BRS currently purchases an array of services from a variety of vendors, including vocational evaluation, placement, and supported employment services. BRS promotes consumer choice in the provision of services. There are a total of 85 agencies with Purchase of Service Agreements (POSAs) for providing employment services in Indiana. Purchased employment services consist largely of Results Based Funding, an outcome/milestone payment system. The 85 vendors include Community Rehabilitation Programs and Community Mental Health Centers.

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Attachment 4.8(b)(4) Arrangements and Cooperative Agreements for the Provision of Supported Employment Services

Describe the efforts of the designated state agency to identify and make arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities in order to provide the following services to individuals with the most significant disabilities:

- *supported employment services; and*
- *extended services.*

Indiana receives approximately \$475,000/year of Title VI B funds to provide supported employment (SE) services. The agency has made a commitment to serve people with the most significant disabilities and also utilizes Title I dollars to serve this population. BRS spent over \$9 million on SE services, and served approximately 2900 consumers with most significant disabilities (MSD) in FFY13.

BRS works collaboratively with the Bureau of Developmental Disabilities Services (BDDS) to provide SE and seamless transition to extended services (BDDS-funded supported employment follow along (SEFA) services). VR counselors initiate transfer to extended services at the time of job placement. This ensures that BDDS eligible consumers move directly into extended services after case closure without a gap in services. In July 2013 BRS implemented an enhanced stabilization process to better demonstrate consumer stability on the job site prior to transition to extended services. This procedural change has helped to ensure more accountability from both VR and employment services providers in determining that individuals are stable in their jobs prior to VR closure and transfer to extended services. However, more evaluation and training is necessary to ensure that consumers in supported employment receive sufficient ongoing supports from VR prior to transitioning to extended services.

Attachment 4.10 Comprehensive System of Personnel Development

Data System on Personnel and Personnel Development

1. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs with respect to:

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- *the number of personnel who are employed by the state agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;*
- *the number of personnel currently needed by the state agency to provide vocational rehabilitation services, broken down by personnel category; and*
- *projections of the number of personnel, broken down by personnel category, who will be needed by the state agency to provide vocational rehabilitation services in the state in 5 years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.*

Projections of types and numbers of employees needed are based on current caseload sizes, demographic information regarding the population of Hoosiers with disabilities, the projected number of individuals exiting high school with disabilities, trends regarding number of clients served in recent years, and current initiatives. The budget and state allocation available also drive the determination for the number of staff that can be sustained within BRS. Reports that outline ratios of VR Counselors to consumers on a statewide, region, area, and counselor basis, are readily available and are regularly reviewed by management. In the last federal fiscal year, the Counselor to consumer ratio was approximately 1:115 given the number of vacancies. BRS has consistently hired 20-25 new counselors per year due to retirements, promotion of staff, and general turnover. Over the next five years BRS will need to fill additional vacancies due to an increased number of employees reaching retirement age. The projected number of consumers to be served is among the data reviewed in consideration of staffing levels. The following are projections of the anticipated number of applicants and eligible individuals coming into the system annually for each of the next five years.

FFY13 ACTUAL (Applicants: 13,082; Eligible: 10,381)

FFY14 ESTIMATE (Applicants: 12,500; Eligible: 10,200)

FFY15 ESTIMATE (Applicants: 13,500; Eligible: 10,700)

FFY16 ESTIMATE (Applicants: 14,000; Eligible: 11,000)

FFY17 ESTIMATE (Applicants: 14,500; Eligible: 11,300)

Based on number of applicants to date in FFY14, it is expected that VR will see a slight decrease in applicants and eligible consumers in FFY14 compared to FFY13. BRS is planning outreach efforts aimed at increasing VR applicants and expects the application trend to gradually increase over the next several years. Historically, BRS has maintained that a

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counselor-consumer ratio of no more than 1:110 is best practice to maintain efficient caseload management and quality service. As the number of applicants and people who are eligible are anticipated to increase, the number of staff needed to meet consumer needs may increase as well. As of this submission (April 2014), 27 VR Counselors, 18 VR support staff, 7 area supervisors, and 2 region managers are eligible for retirement.

Row	Job Title	Total positions	Current vacancies	Projected vacancies over the next 5 years
1	Vocational Rehabilitation Counselors	161	12	120
2	VR Area Supervisors	25	2	12
4	VR Region Managers	5	1	2
5	BRS Management/Leadership Staff	5	1	0
6	VR Support Staff	56	9	20
7	Blind/VI/Deaf programs	8	2	2
8	BRS Central Office Staff	18	3	8

2. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on personnel development with respect to:

- a list of the institutions of higher education in the state that are preparing vocational rehabilitation professionals, by type of program;
- the number of students enrolled at each of those institutions, broken down by type of program; and
- the number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category for which they have received, or have the credentials to receive, certification or licensure.

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Indiana has one CORE-accredited Rehabilitation masters program to prepare individuals to sit for the CRC exam. Ball State University has a long-standing Master's of Rehabilitation Counseling Program that has graduated over 80 students from the program. The Ball State Rehabilitation program has been CORE accredited since 2004. There were 2 new graduates in 2013, and 4 graduates expected in 2014. The program currently has 16 students enrolled.

Though Indiana has other university institutions that offer degrees in related fields that may meet or partially meet CSPD hiring qualifications (including some that offer Rehabilitation Counseling degrees that are not currently recognized by CRCC), these programs do not offer CORE accredited Rehabilitation Master's programs. BRS does encourage students to participate in internships in the BRS agency and believe this to be a valuable VR Counselor recruiting practice. BRS is working with Ball State to increase the number of interns with hopes of increasing the recruitment pool for vacant VR Counselor positions. BRS also works closely with Indiana University through the Indiana Institute on Disability and Community (IIDC) in the provision of the Leadership Academy and other training initiatives.

Row	Institutions	Students enrolled	Employees sponsored by agency and/or RSA	Graduates sponsored by agency and/or RSA	Graduates from the previous year
1	Ball State University	16	0	0	2

Plan for Recruitment, Preparation and Retention of Qualified Personnel

Describe the development (updated on an annual basis) and implementation of a plan to address the current and projected needs for qualified personnel including, the Coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel who are qualified, including personnel from minority backgrounds and personnel who are individuals with disabilities.

BRS acknowledges a long-standing challenge with recruitment and retention of VR Counselors who meet CSPD requirements. Under new leadership BRS is exploring and developing a plan of action to restructure the field services staffing model to ensure the VR Counselor role is focused primarily on rehabilitation counseling. This plan of action will aim to enhance recruitment activities to obtain qualified VR field staff. BRS is also working to identify institutions of higher education and professional associations to partner with in the development and implementation of this plan of action.

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BRS periodically conducts needs assessments with staff to identify training priorities. Staff performance appraisals were substantially revised in early 2014 to shift expectations to increase focus on customer service and quality outcomes. The annual review of performance goals will also identify additional areas of training need for staff. BRS has 3 staff that coordinate the provision of training for BRS staff as part of their overall responsibilities.

BRS in partnership with IIDC has developed a web-based training program, called the Leadership Academy. This program will be explained in more detail below.

Initiatives within BRS that may improve staff retention include increased communication across BRS, ongoing quarterly statewide supervisor meetings, regional field visits, and a state symposium planned for September 2014. Additionally, Field Region Managers are an integral part of monthly Leadership Team meetings and give essential input on policies, training needs, new initiatives and priorities, etc.

The BRS agency continues to offer counselors and support staff opportunities to participate in special agency projects outside of their regular work routines, which sends the message that leadership values and desires the input of field staff. In the coming year, BRS will work to establish a more targeted focus on reaching out to local universities as a recruitment source for identifying qualified individuals with master's degrees in rehabilitation counseling or closely related areas.

Personnel Standards

Describe the state agency's policies and procedures for the establishment and maintenance of personnel standards to ensure that designated state unit professional and paraprofessional personnel are adequately trained and prepared, including:

- 1. standards that are consistent with any national or state-approved or -recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements (including state personnel requirements) that apply to the profession or discipline in which such personnel are providing vocational rehabilitation services; and*
- 2. to the extent that existing standards are not based on the highest requirements in the state applicable to a particular profession or discipline, the steps the state is currently taking and the steps the State Plans to take in accordance with the written plan to retrain or hire personnel within the designated state unit to meet standards that are based on the highest requirements in the state, including measures to notify designated state unit personnel, institutions of higher education, and other public agencies of these steps and the timelines for taking each step.*

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Be sure to include the following:

- *specific strategies for retraining, recruiting, and hiring personnel;*
- *the specific time period by which all state unit personnel will meet the standards;*
- *procedures for evaluating the designated state unit's progress in hiring or retraining personnel to meet applicable personnel standards within the established time period;*
- *the identification of initial minimum qualifications that the designated state unit will require of newly hired personnel when the state unit is unable to hire new personnel who meet the established personnel standards;*
- *the identification of a plan for training newly hired personnel who do not meet the established standards to meet the applicable standards within the time period established for all state unit personnel to meet the established personnel standards.*

Historically BRS has selected to adopt the national standard for CSPD, a Master's Degree in Rehabilitation Counseling or closely related area and eligible to sit for the CRC exam. However, in light of the ongoing challenges in meeting CSPD requirements including a limited pool of qualified applicants and minimal CORE accredited rehabilitation programs in the state, this needs to be revisited.

BRS recognizes that not all current staff meet the CSPD standard. While the large majority of staff have a master's degree, not all of those degrees are in rehabilitation or a closely related area as defined by CRCC. BRS is in the process of investigating a restructuring of VR positions and developing a staffing model that maximizes the available qualified pool of candidates who do meet CSPD requirements. This will include exploration and identification of a formalized process of hiring individuals who do not meet CSPD requirements at time of hire when there are no qualified candidates available who do meet those requirements. New hires would be required to obtain the necessary training to meet CSPD requirements within a designated timeframe after hire (i.e. within 5 years) in order to retain their position or advance to a qualified VR Counselor role. BRS has adequate funding to support staff in obtaining the necessary training. This strategy is expected to greatly assist BRS in recruitment and retention of qualified staff, however there is much work to be done to accomplish this goal and BRS appreciates the extended timeframe from RSA to work toward completion of meeting CSPD requirements.

After full exploration and implementation of necessary restructuring changes, applicable training plans will be developed for new and existing staff. Indiana BRS has received an extension through 12/31/2017 to meet CSPD requirements. This timeframe will be revisited in light of the restructuring process, and BRS will determine if that timeframe is adequate given

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new strategies and objectives. Training plans will include clear expectations tied to successful completion of the training plan and achievement of the CSPD requirement in the designated timeframe. BRS will monitor training plans to ensure that progress is being made, and will address issues individually with staff not making adequate progress. Staff not making adequate progress may receive a 'does not meet' rating on their annual performance evaluations if the situation rises to that level. BRS will also track progress toward achieving statewide CSPD compliance, updating the number of staff who both meet and do not meet CSPD on at least an annual basis, and will work with local Supervisors to carry out staff training plans.

Staff Development

Describe the state agency's policies, procedures, and activities to ensure that all personnel employed by the designated state unit receive appropriate and adequate training in terms of:

- 1. a system of staff development for professionals and paraprofessionals within the designated state unit, particularly with respect to assessment, vocational counseling, job placement, and rehabilitation technology; and*
- 2. procedures for the acquisition and dissemination to designated state unit professionals and paraprofessionals significant knowledge from research and other sources.*

BRS has identified needed improvements to the development and delivery of training to staff, specifically new VR Counselors, and a newly established 'unit' focused on addressing external and internal training has been created in response to this need.

Counselor training needs are assessed through survey, dialogue, supervisor recommendations, and agency directives. Trainings for the coming year will focus on policy and practice refreshers such as the provision of ongoing supports, trial work experience, and community based evaluation; increased outreach and services to transition aged youth; and a refocus on counseling and guidance aspects of the VR Counselor role. BRS will continue to conduct training needs assessments as needed to obtain up-to-date information about staff training needs. Training is provided through a variety of modalities, including statewide symposiums, regional trainings, webinars, and training briefs. The VR In-service training grant continues to be utilized to support VR staff training. Additionally, resources from TACE are accessed whenever applicable and staff are encouraged to complete the free online courses through TACE 5, especially as necessary for maintaining their CRC credential. As mentioned previously, BRS also contracts with IIDC for the provision of select training including maintenance and enhancements to the web-based Leadership Academy. Some of the topic areas covered through the Leadership Academy are listed below:

VR New Counselor Orientation (6-week course)

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Intro to the Rehabilitation Act and principles of Rehabilitation

Supported Employment Evidence-Based Practices

Social Security Work Incentives

Job Development

Person-Centered Planning

Case Management

Job Development

Assistive Technology

Counseling

Ethics

Neurological Brain Disorders

Independent Living Service/Centers

In addition to formal classroom style or web-based training, a great deal of mentoring and coaching occurs at the local level, especially for new staff. Supervisors play a large role in coaching new staff and will continue to be a key part of new staff training.

BRS also access training and resources offered by partners, including the statewide Assistive Technology IN-DATA program which offers 'first Friday' AT webinars specifically for BRS staff.

Personnel to Address Individual Communication Needs

Describe how the designated state unit has personnel or obtains the services of other individuals who are able to communicate in the native language of applicants or eligible individuals who have limited English speaking ability or in appropriate modes of communication with applicants or eligible individuals.

BRS maintains the ability to communicate with VR consumers in their preferred mode of communication in a variety of ways. BRS staff access and coordinate foreign language translation, ASL communication, CART, etc. whenever needed. To ensure communication services are available despite a shortage of some providers (i.e. ASL interpreters, CART providers), BRS has increased utilization of remote interpreting services. Publications and brochures are available in large print and Spanish versions. BRS has VR Counselors that cover population-specific caseloads including individuals who are deaf or hard of hearing, and

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individuals with low vision. BRS seeks candidates with some fluency in ASL for Counselor positions covering a caseload of consumers with hearing loss.

Coordination of Personnel Development Under the individuals with Disabilities Education Improvement Act

Describe the procedures and activities to coordinate the designated state unit's comprehensive system of personnel development with personnel development under the Individuals with Disabilities Education Improvement Act.

IIDC continues to serve as a transition resource to BRS and DOE. Training and technical assistance is offered statewide and the targeted audience is parents, students, school officials, BRS professionals, and CRP staff. Initiatives are currently ongoing to develop and update transition guides that will be available to all appropriate stakeholders. The Transition stakeholder group will be expanded in the coming year to serve as an advisory group pertaining to BRS Transition initiatives. Partners who sit on this group include parent advocates, DOE, BRS, and IIDC. BRS is investigating opportunities for cross-training with BRS and school personnel. All of these strategies will support BRS' priority to increase outreach efforts and access to VR services for transition aged youth.

Attachment 4.11(a) Statewide Assessment

Provide an assessment of the rehabilitation needs of individuals with disabilities residing within the state, particularly the vocational rehabilitation service needs of:

- *individuals with most significant disabilities, including their need for supported employment services;*
- *individuals with disabilities who are minorities;*
- *individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and*
- *individuals with disabilities served through other components of the statewide workforce investment system. Identify the need to establish, develop, or improve community rehabilitation programs within the state.*

The State Plan shall:

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- (i) include the results of a comprehensive, statewide assessment, describing the needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of
 - (I) Individuals with the most significant disabilities, including their need for supported employment services;*
 - (II) Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and*
 - (III) Individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals**
- (ii) include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State; and*
- (iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments.*
- (iv) Results of a comprehensive, statewide assessment.*

Data Collection

While Indiana's formal comprehensive statewide needs assessment is conducted every three years, data is gathered on a continuous basis. It is a joint effort of the Bureau of Rehabilitation Services (BRS) and the Commission on Rehabilitation Services (CRS). The Commission provides ongoing input, especially in the acquisition of satisfaction data. It also provides input into the development and content of the final report. Commission members have an opportunity to review and offer comments prior to the release of the triennial needs assessment. Indiana's 2013 comprehensive statewide needs assessment reflects a synthesis of quantitative and qualitative data addressing the state's overall vocational rehabilitation needs. Although Indiana has a well-developed service delivery system that largely meets the needs of its consumers, there are selected areas where needs are not yet fully met.

This report reflects the input of consumers, providers, independent living center consumers, and Vocational Rehabilitation Services (VRS) staff, as well as an analysis of demographic and economic data. The data collection techniques varied as well. They included focus groups of consumers of VRS and Centers for Independent Living (CIL), facilitated discussion with all VRS

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staff, feedback from the Commission on Rehabilitation Services, input from providers through a structured discussion at an Indiana APSE (Association of People Supporting Employment First) meeting, and analysis of partner publications and published data. As an addendum to the State annual plan, this assessment focuses on item (i) above.

Commission on Rehabilitation Services Input

BRS staff received the following comments from the members of the Commission on Rehabilitation Services:

Standards and Indicators

Number of Placements

- “Numbers are going up and that is good, especially considering all the staff vacancies there have been. This is not a job that is learned overnight; it takes 18 months or so to become a well-trained counselor. BRS staff are commended for this increase because it reflects excellent work done by BRS staff.”
- “Outcomes are to be applauded; with the economy the way it is, this is a very good thing.”

Services to Individuals Who Are Significantly Disabled

- “Work Experience program offered opportunity for individuals to get short-term work experience to see how they could perform on a job. As a provider, it was successful. For whatever reason, the program was stopped. The program was valuable for people with significant disabilities. BRS should include Work Experience in the state plan to get comments from the public. It is thought that this indicator would increase significantly if this program was included back into BRS programs. It’s been tried in other states and been very successful. It encourages VRS Counselors and Employment Consultants to work together and it was beneficial for the employer as well. A lot of job opportunities were created through this program because it allowed the employer to see the success. On the Job Training (OJT) services are only offered to Tier 2 consumers, not Tier 1. Work Experiences were offered for both Tiers. If the Work Experience program is reinstated, maybe W.E. could be targeted to Tier 1 since OJT isn’t.”
- “VRS is encouraged to work with the Department of Workforce Development (DWD) to develop relationships. Having a number of employment people making multiple contacts to the same employers becomes overwhelming. BRS needs to look at

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collaborations and approach the different aspects; i.e., Work Experience, On the Job Training (OJT), etc.”

- “VRS and employment providers need to have collaboration training. Possible resources could be available through INARF (the principal membership organization in Indiana representing providers of services to people with disabilities), DWD, etc.”
- “VRS is commended on the state training that has been done to ensure uniformity of severity determinations of disabilities in every office.”

Self-Support Indicator

- “VRS needs to continue to encourage the Benefits Information Network (BIN) program. This is an educational process for the consumer to understand their benefits, what incentives are available to them, etc. This conversation needs to begin early in the VRS case so that the thought process develops along the way, rather than just when it’s time to go to work. The purpose and benefits of the benefit planning services needs to be explained to applicants just like every other service so that the client has choice.”
- “VRS should really be commended for this; a 20% increase from FFY 10-12. This is a huge increase over 2 years and isn’t easy to do. It has to be a lot of money for individuals to earn to have such an increased percentage over the time span.”

Overall Performance

- “Kudos for a job well done. These are excellent results that reflect the very hard work done by all staff, especially considering staff vacancies, economy, number of new staff in training, etc. This is by far the best performance BRS has ever had and all BRS staff should be commended. In the past, the agency might have only met 3 indicators. All changes that the agency has made recently have been very positive. This shows the strong leadership provided by Nancy Zemaitis, BRS Director. She leads well and the Commission appreciates her hard work and diligence.”

Transition (Needs Assessment Topic)

- “Is there a way VRS can collect data on the contacts being made, progress being made, etc. with the schools from VRS Counselors? Some school corporations are not getting transition service information. It is understood that the lack of staff has had something to do with it, but is there a way to track that communication is happening with the schools? The problems lie with the rural areas which are smaller corporations.”
- “Can BRS enhance transition in the marketing materials (i.e., website, brochures, etc.)?”

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- “There is a need to encourage better coordination with providers because transition is a task bigger than just the VRS Counselor. “
- “There also needs to be accountability on behalf of the schools. Communication and case conference invitations vary among schools within the same school corporation and throughout the state. VRS staff actively try to hold transition conferences, but it is difficult to get people to attend; despite having a good relationship with the school staff. It is very effective to go in to the school early in the year and start talking to the teacher of record about who might need assistance.”
- “The Centers for Independent Living (CILs) need to be utilized more because they can be more involved; since it’s not possible for every VRC to attend every case conference and often other support agencies are not at the meetings. CILs are knowledgeable about a variety of programs, agencies, and resources, thus they could be providing some initial guidance. They can be used for information/referral, peer support, etc. and help fill in the gap for those that can’t always attend.”

Employer/Job Market Match (Needs Assessment Topic)

- Can VRS try and collaborate with the Economic Development Commissions? DWD is frequently tied in to these meetings, so it would make sense to involve VRS because VRS has potential candidates.”
- “Improvement in this area over the next three year will hopefully include a continued focus on client choice and making sure that VRCs are not making the decision for the consumer that their employment goal is too lofty.”

Underserved Populations (Needs Assessment Topic)

- Need to look at the Hispanic population. There are cultural/language barriers, so how can BRS work with this population better?
- The Amish community is prevalent in rural counties, how can they be reached?
- Indiana does not have statewide coverage of Centers for Independent Living. Need to look at expansion of centers so that all counties are covered. IL consumers from the covered main counties are served well, but even rural counties that are in service areas need more assistance. Limited funding prevents Centers from hiring staff to full cover their service areas.

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- Nationally there is a push to end the incentive employ individuals in sheltered workshops. How is VRS preparing to address this need?
- There is expected to be an increase in demand from veterans. Need to look primarily at the needs of veterans in the rural counties. There is some overlap with Veterans Administration Vocational Rehabilitation (VAVR) and State VRS, but where can improved collaboration occur? Walmart has announced an initiative to hire veterans (100,000 jobs) and it would be great to see VRS collaborate. Does VAVR reimburse State VRS for services?
- Farmers need to be looked at more closely. They have a good success rate in employment, but nationally it's not so good. It's one of the least served populations in VRS.
- The autism spectrum is so wide and it's not very easily understood how to get this population into the employment [process]. How can VRS help this population better?

Consumer Input

Eight forums were held at the Centers for Independent Living (CILS) across the state. Each CIL invited consumers, and local VRS staff invited VRS consumers to participate in a discussion to provide input into the Comprehensive Needs Assessment. Seventy-three individuals with disabilities provided information.

While consumers felt that VRS exhibited many strengths, they also identified areas for improvement in services. Areas in which consumers felt positive toward VRS included:

- Ability to link people with needed resources
- Knowledge of assistive technology and how to obtain
- Provision of needed home modifications
- Provision of needed vehicle modifications
- Assistance with maintaining self-employment, such as farming
- Vending program

Areas for improvement were identified as:

- Individuals feel they are “categorized” and then pushed in one of two directions – immediate training or job placement
- Services vary among areas and regions – some have great counselors and others not very good
- Consumers seem not to know or remember about appeal rights

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- Counselors are difficult to contact – not at office/too much turnover
- Informed choice does not always occur.
 - Pushed toward training without understanding of cost
 - Not provided with information as to the effectiveness of the Community Rehabilitation Program (CRP)
- If sent for job placement services, no contact with VRC
- BIN not provided early enough in the process
 - BIN assessment not completed until job is found or after college graduation

An overall theme was that VRS needs to market itself better to consumers, the community, the business community, and VRS staff. Other themes included:

Unserved or Underserved Populations

- Mental illness
- Deaf
- Visual impaired
- Intellectual Disabilities
- “Elderly” – those over 50 - need skills refreshers or to learn new skills

Transition

- Earlier services needed
- Youth need to have work experience to put on job applications and to assist in learning soft skills
- Need to have assistive technology needs met prior to start of college program
- Some were not told of VRS services by school
- Colleges need info as to what worked and didn’t work in high school for the person
- Told not to apply for VRS until graduated
- Students need mentors to encourage them
- Need outreach to 504 students and those with physical disabilities
- Services and process for transition vary across the state

Community Rehabilitation Programs

- Limited job search strategies used – just given job leads from newspaper or internet

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- Job coaches do not provide enough coaching – don't teach the job
- Job coaches/Employment specialists need to inform employers of tax incentives
- Job coaches need to be better informed as to how to work with people with felony history
- Consumer told that the job coach could not work with person with an Intellectual Disability-Developmental Disability (ID-DD) – concern of not enough job coaching hours available and/or not enough job coaches
- Job placement takes too long

Consumers Need:

- To understand policy – i.e., why they are told “no” for certain services
- To understand and remember rights and responsibilities
- To know about Client Assistance Programs
- To understand what VRS does
 - Consumers not aware of VRS activities with transition (in certain areas), with corporate development, or with other initiatives
 - If not aware, feel that VRS does not care or understand

Employers Need:

- Support to overcome the feeling that it's too much of a risk to hire individuals with disabilities
- Assurance—need to see success stories
- Education about accommodations, tax credits
- Information on how to make businesses physically accessible
- Local services—VRS needs to market where the employers are – through connections with chambers of commerce and other local employer organizations.
- Assistance supporting injured employees who are already on the job; this will open the door for others
- VRS outreach to specific industries, e.g., the “gaming” industry in southern Indiana.

Centers for Independent Living:

- Need to know more about VRS and VRS needs to know more about CIL services
- Are not available in all parts of the state

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- Can help consumers understand how to advocate for themselves, how to disclose their disability and receive assistance through support groups
- Provide mentors for younger people
- Need to encourage people to work more

Over a period of 14 months, from January 1, 2012, to February 20, 2013, BRS received 1,868 responses to consumer satisfaction surveys that were sent to individuals whose case had been closed with VRS.

The survey consisted of a set of 15 questions and addressed matters related to the types of services consumers received, the way they were treated, and their employment results. Each question was rated on a five-point scale, where five means “very good,” and one means “very bad.”

Without exception, consumers rated their experiences as above average. The scores were remarkably consistent over time, and in every instance, the more recent responses were slightly higher when compared with the previous survey period. VRS consumers consistently rated their experiences with their counselors and service providers as good or very good. They rated fringe benefits associated with their jobs lowest, although still above average.

Over 84 percent of the comments were positive, with the largest single category being positive comments about the counselors and agency staff.

Those consumers whose cases were closed as successful were significantly more likely to offer positive comments than those whose cases were closed as unsuccessful. Ninety percent of the comments provided by those who had a successful closure were positive, while less than half (46%) of the comments provided by those who had an unsuccessful closure were positive.

Provider/Partner Input

The Government Accountability Office, in an assessment of programs serving individuals with disabilities, has found a lack of coordination in Federal disability employment programs. (<http://www.gao.gov/assets/600/592074.pdf>). Indiana BRS continues to explore ways to work in a more efficient manner with all Federal and State employment agencies as well as with other appropriate private partners.

During a 2012 Indiana APSE conference forum, those in attendance were asked several questions. The responses are as follows:

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What strategies can be used to support individuals in earning above the Substantial Gainful Activity (SGA) level?

- Need benefits counseling and general counseling to see reason to earn SGA.
- Need for CRPs to find jobs where earnings are above SGA.
- Better transportation
- How can transition services be improved?
 - Better relationships with schools – educate school personnel and families about VRS
 - More work experiences – to develop skills and soft skills
 - Setting realistic expectations
 - Earlier linkage with VRS – no later than 1st semester of exit year
- What training topics should be presented?
 - VRS changes with Trial Work Experience and Community Based Evaluations (CBE)
 - Working with individuals with mental illness
 - Working with ex-offenders
 - Career counseling/job development/how to work with businesses
 - Different ways to do training
 - On line
 - Communicating with other staff on cases
- How can self-advocates assist?
 - Provide encouragement and training to develop self-advocacy skills
 - Use success stories
 - Mentor others

Vocational Rehabilitation Staff Input

The state Vocational Rehabilitation Counselors (VRC) are the direct link to the Indiana consumer population. Through their daily involvement in rendering or accessing services on behalf of the consumer population, they constitute one of the most important input sources for the needs assessment. In December 2012, all VRS staff participated in a facilitated discussion to provide input into the Comprehensive Needs Assessment.

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In addition to the facilitated discussions with VRS staff, input from staff also occurs on a continuous basis, as the BRS director meets regularly with field staff. During 2012, meetings were held in each of the VRS regions. A summary of those discussions follows:

Topic: How do we ensure that services to individuals with significant and most significant disabilities result in competitive employment?

- Develop business relationships:
 - Obtain more knowledge about businesses
 - Provide businesses with information on job coaching
 - Participate in local Chamber of Commerce
 - Ensure that there is a local VRS employment specialist and that the specialist is reaching out to area businesses
- Address follow-along issues—how to extend past the 18 months
- Provide outreach to local community organizations
- Use Trial Work Experiences and Extended Evaluation with measurable outcomes
- Provide training for employment consultants
- Develop more Project SEARCH sites
- Focus more on vocational counseling and guidance
- Develop strategies on how to make better job matches
- Increase cultural sensitivity
- Provide transportation options
- Adjust college funding formula so more people can participate in training
- Provide outreach to disability groups
 - HIV/AIDS
 - Post-Polio
 - Veterans
 - Deaf/Hard of Hearing
 - Blind and Visually Impaired

Topic: Transition Services. What has worked?

- Good relations and communication with transition coordinator
- Transition fairs/College day/VRS nights
- Early referrals to VRS
- Going to schools to provide VRS info/materials/do intakes/do plans
- Parent involvement
- Work experiences

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- Project SEARCH

Suggested Improvements

For transition services:

- Develop better relationships with schools/help school personnel understand VRS (transition coordinators/teachers/guidance counselors)
- Get Bureau of Developmental Disability Services (BDDS) involved/inform students and parents early on
- Support schools providing transition services: better internships/work experiences/job readiness classes/career assessments/vocational planning
- Encourage schools/parents to be more realistic with students and families
- Involve students in planning and, where possible, allow them to explore work interests and preferences
- Address case conference issues:
 - VRCs can't attend all they are invited to
 - Schedule VRC day for conferences, application.
 - Talk with students/families prior to application.
 - VRC to have standard hours at the schools.
 - Meet with 9th grade life skills classes to inform of VRS and to start preparation for work.
- Provide opportunities for retesting/vocational better assessments
- Collaborate with other school staff (nurses, guidance counselors, school counselors)
- Encourage schools to share info with VRS
- Collect information for effective postsecondary accommodations—need to know what has worked/not worked for student; specifically, need more coordination on assistive technology needs, so student is prepared for first semester of college.

For CRPs:

- Provide training/education (how to establish business relations, get more hires)
- Provide better job search assistance: job carving/be creative/develop business relationships/better use of work experiences and trial work experiences
- Provide better Plan for Employment Services development
- Focus more on client's needs

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- Provide interpreters/more training to support specialty populations (visually impairments, deaf/hard of hearing, traumatic brain injury, autism, multiple disability)
- Collaborate/communicate more effectively with VRC
- Develop better relationship with WorkOne

For WorkOne Centers:

- Develop better relationship with VRS and CRPs/raise referrals to VRS
- Provide joint training of VRS on WorkOne services and WorkOne staff on VRS
- Provide more skills testing/ accommodations for work key testing/career assessments
- Work with VRS clients to help get jobs
- Utilize the variety of workshops available at WorkOnes

For Centers for Independent Living :

- Develop more cooperation/collaboration to increase employment opportunities
- Make resources more available/continue using what's currently available (i.e. lending library)
- Educate families, individuals and others about services and self-advocacy
- Work more with VRS clients/counselors
- Address more types of disabilities (i.e. multiple disabilities)
- Establish additional CILS around the state

General Recommendations:

- Develop better communication/sharing info through agencies
- Provide more transportation/contracted driver
- Join business groups in local community/get involved with business leadership networks
- Provide more in-depth assessments/use of work experiences
- Develop VRC lead groups/"in house" activities/ skills training
- Provide training for/hiring of job developers or employment specialist
- Increase literacy (financial, food, reading)
- Provide more information on Workforce Opportunity Tax Credits and On-the-Job Training

Topic: *What services could assist in meeting needs of both individuals with disabilities and businesses?*

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- Use/inform about On-the-Job Training, Workforce Opportunity Tax Credit, Impairment-Related Work Expenses
- Educate employers about hiring people with disabilities/market to employers
- Train staff on businesses/support businesses more/inform about accommodations/ have a “go to person” in each area for businesses
- Support and advocate for employees/consumers
- Get involved and share information with business groups: Business Leadership Networks (BLNs)/Society for Human Resource Management (SHRM)/Rotarians/ Kiwanis/community organizations
- Do worksite assessments/evaluations and provide information about the Job Accommodation Network (JAN)
- Create more work experiences
- Use job shadowing/coaching
- Encourage CRPs to create relationships with businesses not just look for open jobs
- Ensure better job placements
- Facilitate Americans with Disabilities ACT (ADA) understanding
- Provide access to driver/transportation

Topic: *What groups are unserved or underserved?*

- People who lack transportation
- Rural populations
- Minorities
- Criminal offenders
- Homeless
- People without diplomas of all ages (drop outs)
- Farmers
- Transition students
- Veterans
- Older individuals (over 50)

Input from VRS Field Office Visits

Barriers to Supported Employment

- Consumers may not be getting the extended supports that they need

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- High turnover of job coaches/not always replacing vacant job coach positions, which impacts services to consumers
- Support systems of consumers (i.e. group homes, front line staff, families, case managers) aren't always supportive of employment opportunities
- Expectation of employment is not established at an early age
- Not enough or not effective use of Community Based Assessments and Trial Work Experiences

CRP Issues:

- Need more training for employment specialists in working with special populations such as Blind/Visually Impaired, Deaf/Hard of Hearing, traumatic brain injury
- High turnover of job coaches
- CRPs need the skills to do Trial Work Experience evaluations
- CRPs need to work with consumers looking for professional positions
- Transition
- Inconsistency in how transition services are applied
- Counselors need to know what is expected with transition
- Helpful when schools have transition coordinator to work with VRS in determining which students need services
- VRCs cannot attend all case conferences – need alternate way to disseminate information and encourage timely referrals and applications
- Need to build better relationships with schools
- Process is more effective if school understands the process
- Expectation for students and families needs to be employment
- Need VRCs in the schools
- Need transition booklets for the schools
- Need to work with 504 students and students with disabilities not covered under Individualized Education Plan (IEP)

Underserved/Unserved:

College-bound students with disabilities, due to change in postsecondary funding

Businesses:

- Concerns that businesses do not want to hire people with significant disabilities

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- Need to know the type of jobs available in each community, especially ‘hot jobs’ that will be available on ongoing basis
- Need ability to match candidates with jobs
- Need to know the businesses that are successfully hiring people with disabilities
- Linkages with Business Leadership Networks, Chamber of Commerce, Workforce Investment Boards, WorkOnes.
- VRCs need to know how to assist consumers in disclosing about disabilities
- Use Indiana Career Connect and/or The Career Index to aid in the employment placement process
- Need coordinator of business contacts to assist local offices/regional contact for businesses
- Need Public Service Announcements and marketing of what VRS can offer to businesses
- Develop payment structure for VRS’s corporate development business initiatives—providers struggling to figure out how to work with Business Account Manager and share information

Demographic/Economic Data

The current population in Indiana, based on 2011 U.S. Census Bureau estimates, is more than 6.5 million. Approximately 56 percent of the population is of working age (18 through 64). Of the working-age population, an estimated 435,239 (10.9%) adults have self-reported as diagnosed with a disability. A total of 32.2 percent (140,296) of this population is employed (Rehabilitation Research and Training Center on Disability Demographics and Statistics: “2011 Annual Disability Statistics Compendium,” University of New Hampshire).

According to the “2011 Annual Disability Statistics Compendium,” 6.3 percent (274,230) of the resident Indiana population aged 18-64 are disabled beneficiaries of Social Security Disability Insurance, Supplemental Security Income or both. Furthermore, Indiana Medicaid eligibility data indicates that over 136,559 are eligible for Medicaid on the basis of disability, which is 12.1 percent of Indiana’s total Medicaid population.

In August 2012, Indiana’s unemployment rate of the general population was reported at 8.3 percent, closely mirroring the national average of 8.1 percent (“Local Area Unemployment Statistics (LAUS)—Not Seasonally Adjusted, Hoosiers by the Numbers,” Indiana Department of Workforce Development, downloaded 09/24/12 from: <http://www.hoosierdata.in.gov>). The

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percentage of unemployment for working-age individuals with disabilities hovers around 68 percent (Butterworth Report, 2011).

In Indiana, an estimated 15.3 percent of the general population lived in poverty, and the median household income was \$44,616 in 2010. ("Indiana IN Depth Profile" downloaded 09/24/12 from: <http://www.stats.indiana.edu/profiles/pr18000.html>.) According to the "2011 Annual Disability Compendium," approximately 20 percent of those with disabilities lived in poverty while approximately 8 percent of those without disabilities lived in poverty.

Adults aged 21 to 64 with disabilities typically earned less than those without disabilities. The median monthly earnings for people with any kind of disability was \$1,961 compared with \$2,724 for those with no disability. People with severe disabilities had median monthly earnings of \$1,577, while those with non-severe disabilities had median monthly earnings of \$2,402.

The Current Population Survey (a survey of 60,000 households across the nation) broke down the usual weekly earnings for people with disabilities as opposed to those without disabilities. In 2011, 2,758 people with a disability were employed full time, while 97,698 people without a disability were employed full time. In other words, 3 percent of the individuals working full time had a disability, while 97 percent did not have a disability. Within both groups, the majority of individuals earn on average less than \$1,000 a week. This is true for approximately 70 percent of individuals with disabilities, and approximately 65 percent of individuals without disabilities.

The Association of People Supporting EmploymentFirst (APSE) provided more information on the nation's economic environment and the job outlook for people with disabilities. They state that investing in people with disabilities would be greatly beneficial to employers since "one in five Americans has a disability, making people with disabilities the largest single minority group in the country." In addition, they state, "29 percent of all families have at least one member with a disability" and these families, as well as other families, respond more positively to companies who hire people with disabilities. To assist in capitalizing on this resource, President Obama has called upon the federal government to hire an additional 100,000 persons with disabilities by 2015, and the U.S. Chamber of Commerce challenged private employers to follow suit by hiring an additional one million persons with disabilities by 2015 as well.

Indiana has been severely affected by the national recession. The state has experienced losses exceeding 207,000 jobs between December 2007 and August 2012 ("Hoosiers by the

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Numbers: Current Employment Statistics (CES)—Seasonally Adjusted,” downloaded 09/24/12 from: <http://www.hoosierdata.in.gov>). Nevertheless, job openings continue to occur. It is anticipated that more than 1,100 openings will exist annually in Indiana over the next decade for each of the following job positions (from most to least): registered nurses; truck drivers (heavy and tractor-trailer); sales representatives (wholesale and manufacturing); and bookkeeping, accounting and auditing clerks (“Hoosier Hot 50 Jobs,” data downloaded 03/03/10 from: <http://www.in.gov/dwd/2383.htm>).

Working-age people with disabilities are among the most unemployed and underemployed members of our society. The U.S. Bureau of Labor Statistics (BLS) reported that in February 2012, the percentage of people with disabilities in the labor force was approximately 20 percent, compared with about 70 percent for people with no disability. The reasons for this problem are complex, often tied to limited exposure to the workforce, reduced expectations, and lack of access to jobs (2012 Disability Policy Seminar Fact Sheet).

In 2011, the employment rate of working-age people with disabilities in Indiana was 34.5 percent. In 2011, the employment rate of working-age people without disabilities in Indiana was 77 percent. The gap between the employment rates of working-age people with and without disabilities was 42.5 percentage points. Among the six types of disabilities identified in the American Community Survey (ACS), the highest employment rate was for people with a "Hearing Disability," 51.8 percent. The lowest employment rate was for people with an "Independent Living Disability," 14.6 percent. In 2011 in Indiana, the percentage of working-age people with disabilities who were not working but actively looking for work was 12.4 percent. In contrast, the percentage of working-age people without disabilities who were not working but actively looking for work was 29.7 percent. The difference in the percentage of “not working, but actively looking for work” between working-age people with and without disabilities was 17.3 percentage points. Among the six types of disabilities identified in the ACS, the highest percentage of not working but actively looking for work was for people with a "Visual Disability," 13.3 percent. The lowest percentage was for people with an "Independent Living Disability," 6.6 percent. (www.disabilitystatistics.org)

In summary, the above statistics have a common theme that individuals with disabilities who are of working age, are 33 percent less likely to be employed than individuals without disabilities. Working-aged individuals with disabilities remain the most unemployed and underemployed individuals in society and when working, earn less on average than individuals without disabilities.

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Current Service Levels

A large number of individuals with disabilities pursue entry into the workforce system through the assistance of Indiana's BRS. In Federal Fiscal Year 2012, BRS achieved 4,714 successful closures and a rehabilitation rate of 57.06 percent. Competitive employment outcomes were 97.35 percent, and the percentage of people with significant disabilities that were competitively employed was 76.07 percent. The ratio of average hourly wage of people who were competitively employed rehabilitants compared to all employed Hoosiers was .60 (\$11.52/\$19.17). The ratio of own income being the largest source of support at closure compared to when services were started was 51.12. Finally, the service rate for minorities was .81. All of these indicators were higher than the national standard, except for having own income as the largest source of support at 51.12, which was under the federal bar of 53.0.

VRS spent over \$46 million in federal fiscal year 2012 on client services costs (this does not include any administrative costs such as personnel). The majority of these funds went to placement services (39%). 23 percent of the funds went to training services, 22 percent went to "other" services, 13 percent went to assistive technology (includes accommodations), and 3 percent went to diagnostic services.

In 2012, 13,553 individuals applied for VRS services with 7,573 consumers completing Individualized Plans for Employment with VRS. A total of 4,714 consumers were successfully closed with VRS after being successfully employed for 90 days, which is a rehabilitation rate of 57.06 percent. VRS served 33,003 consumers in federal fiscal year 2012.

The current distribution of Indiana consumers by primary impairment group appears in the list below. (IRIS data extract: 2/22/13) Mental illness, physical disabilities, and developmental disabilities/autism are the three most frequent primary impairments faced by Indiana VRS consumers.

Populations Served by Primary Impairment Group

Disability Group	Count of Cases
DD - Developmental Disability	4,941
MI - Mental Illness	9,053
OT - Other Disabilities	3,905

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PH - Physical Disability	7,352
SC - Sensory Category	4,861
TB - Traumatic Brain Injury	652

Specific groups as requested by the BRS:

Individuals with Developmental Disabilities

There is wide agreement that people with intellectual and developmental disabilities are underrepresented in the general workforce (American Association on Intellectual and Developmental Disabilities & the Arc of the United States, 2008; Migliore, Mank, Grossi, & Rogan, 2007).

The National Governors Association (2012) also announced an initiative to increase the employment of people with disabilities, including people with intellectual and developmental disabilities, by supporting state policy leaders in assessing and developing more employment effective policies.

RSA 911 data indicates that VRS had 1, 057 successful closures of individuals with cognitive impairments in 2010 which was a rehabilitation rate of 56.16 as compared to the national average of 50.86. The number of successful closures increased to 1,268 in 2011, but the rehabilitation percentage dropped to 51.73. It should be noted that Indiana's VRS overall rehabilitation rate was lower in 2011, but increased in 2012.

Data from the Institute for Community Inclusion National Survey of Day and Employment Services for 2010 shows that Indiana ranked 17 of all states with 23 percent of the 10,641 surveyed being employed. The American Community Survey in 2010 showed a 22.4 percent employment rate for individuals with intellectual disabilities, which is a state ranking of 35 (Policy 2: Research Brief: Research and Training Center on Community Living, University of Minnesota 2012).

According to the Indiana Institute on Disability and Community in 2012, of the 10,676 individuals with disabilities receiving day and employment services through the Bureau of Developmental Disability Services (BDDS) (representing 54 of Indiana's 65 community rehabilitation programs which does not include community mental health centers), 58 percent had a primary disability label of intellectual disability-developmental disability. The majority of

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individuals (42%) reported that they spend their day with nine or more individuals with disabilities in their immediate environment. Thirteen percent of individuals reported that they spend part of their day in a secondary environment (10.7 hours per week on average). Significantly, from 2006, there has been an increase in the number of individuals spending part of their day in non-employment day programs (21% to 34%) (DESOS 2012).

Respondents to this assessment indicated the need for individuals who support consumers, including group home staff, case managers, and families, to provide assistance in the employment process.

Individuals with Traumatic Brain Injuries

The Generations Project, which was completed in 2012, identified the following as major concerns throughout the state regarding services to individuals with traumatic brain injury ("What's Working, What's Not?" Brain Injury Listening Tour, The Generations Project: October 2012):

- A lack of early information and consistent referral systems for survivors and family members.
- Inadequate awareness and understanding regarding brain injury among professionals, families and the general public.
- Delays in the provision of time sensitive services and therapies that slow or harm the recovery of brain injury survivors.
- No organized system or continuum of services exists beyond the acute phases of recovery and rehabilitation. The services that do exist are fragmented, short in duration and/or hard to find.
- A pervasive need for services to help survivors reconnect to their communities through pre-vocational, vocational, educational, recreational and social opportunities.
- The need for transportation systems that provide viable access to the community.

Extrapolating from national data as reported by the Brain Injury Association of America and the Centers for Disease Control, one can estimate the annual incidence for traumatic brain injury (TBI) in Indiana to be around 35,700 and for other acquired brain injuries (ABI) to be over 19,000. Over 111,000 Hoosiers may be living with a long-term disability as a result of a TBI. By comparison, the incidence in Indiana of all types of cancer is about 30,500 annually.

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These figures do not account for veterans, of whom nearly 20 percent are returning home from the Middle East with brain injuries.

Brain injury survivors and families have identified a pervasive need for the development of a continuum of lifelong services and supports. These services and supports must be provided in a timely manner and continued long enough to achieve maximum progress toward recovery. Caregivers frequently noted the need for ongoing or intermittent services throughout the lifetime of survivors to help them maintain the skills they acquired in acute and post-acute rehabilitation.

In 2012, VRS served 652 individuals who identified with traumatic brain injury as the primary disability. It appears from the number of annual occurrences of TBI (35,700) that VRS may be underserving this population. However, it is noted that VRS may be serving additional individuals with a secondary disability of TBI.

Individuals Who Are Transition-Aged

According to the 2012 Disability Statistics Compendium, over 10,000 Indiana students age 18-21 were served under IDEA in the Fall 2010. Of 7,910 Indiana students age 14-21 on an Individualized Education Program (IEP) in the 2010-2011 school year, 5,995 graduated with a diploma (75.79%), 995 received a certificate, 851 dropped out, and 69 reached maximum age.

Indiana VRS serves a large number of young adults, ages 14 to 24. In FFY 2012, 4,061 transition-aged youth applied for VR services. Individualized Plans for Employment (IPE) were completed for 2,266 youth, and 1,332 transition aged youth were closed successfully with VRS. A total of 11,166 transition-aged youth were served during the year. While VRS continues to serve a large number of transition aged youth, applications to VRS have dropped for this population over the last couple of years. Total transition aged applicants to VRS in Federal Fiscal year 2010 was 5,170 which represented 33% of all VRS applicants. Total transition applicants in FFY12 was 4,061, representing 30% of all VRS applicants. This indicates a greater need to conduct outreach to transition aged youth.

In addition, IDOE data from FFY 2010 (SY 10-11) demonstrates that the percent of youth aged 16 and above with an IEP that meets the requirements for indicator 13 has increased to 84.05 percent compared to the 80.22 percent in FFY 2009. Of the population served by IDOE, the greatest numbers of students were identified under Specific Learning Disability, Speech or Language Impairment, and Intellectual Disability-Developmental Disability (ID-DD). Indiana continues to place emphasis on transition services.

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Individuals with Disabilities Who Are Minorities

During the forums and discussions with VRS staff, it was recommended that VRS participate in more outreach to community organizations that serve minority populations. It was expressed that individuals of minority status would be more likely to seek services if they were informed of services from trusted sources.

The American Community Survey (www.disabilitystatistics.org) completed in 2011, indicated that the prevalence of disability in Indiana was 6.3 percent for persons ages 16 to 20 and 11.9 percent for person ages 21 to 64. The prevalence of disability for working-age people (ages 21-64) was 11.9 percent among Whites and 14.1 percent among Black/African Americans.

Indiana is paying close attention to its performance on federal performance indicator 2.1 (the ratio of minority service rate to non-minority service rate). The federal goal is to achieve a minimum rate of .80; Indiana was at .81 in FFY 12 after falling to .77 in FFY11.

Individuals with Disabilities Who Are Unserved or Underserved by the VRS program

The following lists the groups that were identified by staff, consumers, and partners as being underserved in the order of most identified.

- People who lack transportation
- Rural populations
- Mental illness
- Older individuals (over 50)
- Intellectual disabilities
- Veterans
- Transition students
- Minorities
- Criminal offenders
- Homeless
- People without diplomas of all ages (drop outs)
- Farmers
- Deaf
- Visually impaired

As was identified in the last needs assessment, transportation continues to be identified by both consumers and VRS staff as a barrier to employment for many individuals with disabilities.

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Individuals with Disabilities Served Through Other Components of the Statewide Workforce Investment System

VRS staff and consumers identified that there is a need for additional communication between VRS and WorkOne staff to assist staff in being more aware of the variety of services offered by both agencies. The Indiana Department of Workforce Development (DWD) received a three-year grant to benefit individuals with disabilities across state agencies. The purpose of the Disability Employment Initiative (DEI) grant is to provide effective and meaningful participation of persons with disabilities in the workforce. This will offer BRS the opportunity to further develop collaborative relationships with the statewide workforce investment system. In addition, the Chairperson of the VRS Commission on Rehabilitation Services is a DWD executive.

BRS has invested in connecting with the business community. The Bureau has dedicated staff to work with businesses and are continuing to explore how to do this in the most efficient and effective manner. Staff and consumers both expressed that VRS staff need to be involved in activities with local businesses through groups such as the Chamber of Commerce, local civic groups, and Business Leadership Networks.

Indiana has developed strong collaborative relationships with other components of the statewide workforce investment system. Select VRS local offices are co-located with WorkOne centers and other human service programs throughout the state, including the Indiana Bureau of Developmental Disability Services (BDDS). This has resulted in improved BDDS/VRS relationships at the local level and more seamless access for individuals receiving services from both programs.

(ii) Include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State:

Indiana currently has a Purchase of Service Agreement with 84 CRPs (includes Community Mental Health Centers (CMHCs)) across the state. There does not appear to be a need to establish additional providers. However, concerns with providers have been expressed during the needs assessment.

It was felt that CRPs need to do better at developing job placement strategies, including developing relationships with businesses. It was also identified that CRPs should enhance skills in placement services for individuals with significant disabilities, including job coaching and the use of natural supports. The high turnover with employment specialists was listed as a barrier

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to the provision of services. Training needs in the areas of completing measurable trial work experiences, working with individuals who are blind and visually impaired, placement services for college graduates, and working with ex-offenders were identified. Consumers noted that at times they were felt directed to a pre-set path and that they would like to see more individualized services.

(iii) Provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments, for any year in which the State updates the assessments:

With the annual state plan submission, Indiana will submit a report containing information on any assessments that have been updated. Indiana will conduct the next comprehensive, statewide assessment from FFYs 2014-2016.

Indiana Employment Outcomes and Federal Indicators

Employment outcomes are a key issue for all parties in the VRS system. It is a key measure by which the service delivery system is evaluated. In FFY 2012, Indiana reported 4,714 successful rehabilitations, which were 309 higher than FFY 2011. The rehabilitation rate rose to 57.06 percent in FFY 2012 from 53.43 percent the prior year, with 97.35 percent being competitively employed. The percentage of people with significant disabilities who were competitively employed rose to 76.07 percent from 73.77 percent. The ratio of average wage of individuals employed as compared to all employed Hoosiers was .60 in FFY 2012 (well above the Federal indicator of .50). Individuals placed by VRS earned an average wage of \$11.52 an hour compared to all Hoosiers at \$19.17. Indiana did not meet the Federal Indicator of income being the largest source of support as compared to when starting the program. This indicator has a required ratio of .53. Indiana did raise the ratio to 51.12 in FFY 12 from 48.42 in FFY 11.

BRS has committed staff and resources to develop relationships with the business community. Yet, staff and consumers both related that VRS should be more known within the community, in that businesses are not aware of the qualified potential employees and services available from VRS. It was highly recommended that VRS market itself, including being involved in local business organizations such as the Chamber of Commerce and the Society of Human Resource Managers (SHRM).

Conclusions

The Indiana BRS is a well-developed service delivery system that largely meets the needs of its consumer community. Through the discussions with consumers and VRS staff, areas were

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identified that could be enhanced. Overall themes included better marketing/public relations with consumers, the community, businesses/employers, and VRS staff, as well as enhancing relationships with partners (CILs, WorkOnes, Local Education Agencies (LEAs), BLNs, BDDS, etc.). VRS staff, VRS and IL consumers, and the CRS agreed that addressing these issues would improve the services received by transition aged youth and adults with disabilities in Indiana.

VRS serves a large number of individuals who are most significantly disabled and provides supported employment services through Title I dollars in addition to Title VI-B dollars. Sufficient job coaching, as well as concerns for high job coach turnover, was expressed by participants as a potential barrier to supported employment. In addition, it was indicated that more support from families, case managers, and direct support staff would be beneficial. Further, participants stated that benefits information and the impact of wages on benefits needed to be provided earlier to consumers. Assisting farmers in maintaining employment was seen as strength within VRS by the consumers. It was suggested that VRS should assist injured employees in other industries/businesses to maintain employment.

VRS has seen a decrease in the number of applications of transition aged youth. In addition to the need for further outreach, it was indicated that the process for providing transition services needs to be revised and more uniformly applied statewide. Participants believed that VRS needs to be involved sooner in the transition process and that communication between schools and VRS should be enhanced. Specifically, the use of mentors, VRC days, and work experiences to gain employment skills were mentioned as possible options for enhancing transition services.

VRS is currently meeting the federal indicator for serving minorities. It was stated that more outreach could be done to these communities through the use of agencies/organizations with which minorities have regular contact and trust established. There were a number of populations that were perceived to be unserved or underserved, including persons with disabilities over 50, individuals with mental illness, and individuals who are deaf, hard of hearing, or visually impaired. VRS counselors stated that they would like to have training on how to better serve ex-offenders. Further, transportation statewide, and especially in rural communities, was seen as a barrier to providing the most effective services.

Training needs were identified for VRS staff and community rehabilitation program staff. The use of trial work experiences and how to establish measurable objectives was a primary issue with staff. VRS staff also stated that they and CRP staff were in need of additional information on how to work better with individuals who are blind and visually impaired, individuals with

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mental illness, and ex-offenders. Assistance in how to assist in placement services for college graduates and in helping consumers self-identify their disabilities would be of benefit. Lastly, but importantly, was the request for further information on career counseling, job development, and how to connect with businesses. VRCs indicated that they would benefit from being able to communicate with staff across the state on difficult situations via a “bulletin board” type of mechanism. It was also suggested that training be offered in various formats, such as on-line and webinars. It is noted that BRS has access to training through the Leadership Academy maintained by the Indiana Institute on Disability and Community (IIDC) at Indiana University.

Finally, it was stated that consumers need to know more about the outcomes from the various providers in the state in order to make an informed choice when selecting an employment services provider. CRPs need to do more relationship building with employers and provide information as to why hiring individuals with disabilities is beneficial to businesses (i.e. WOTC and other tax incentives). Better job placement strategies are needed to ensure an appropriate fit between the individual and the tasks/responsibilities of the job. Additionally, the frequent turnover of CRP staff was expressed as a concern of consumers.

In each of the past three Congresses, bills to reauthorize the Workforce Investment Act (WIA) and the Rehabilitation Act have been introduced or discussed. A number of proposed revisions were included in these bills, namely strengthening transition services for special education students, expanding supported employment services, and improving physical and programmatic access to the WIA One-Stop system (Arc fact sheet). The result of this needs assessment mirrors the needs as expressed in the provisions of the reauthorization of WIA.

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Attachment 4.11(b) Annual Estimates

- *Identify the number of individuals in the state who are eligible for services.*
- *Identify the number of eligible individuals who will receive services provided with funds under:*
 - *Part B of Title I;*
 - *Part B of Title VI;*
 - *each priority category, if under an order of selection.*
- *Identify the cost of services for the number of individuals estimated to be eligible for services. If under an order of selection, identify the cost of services for each priority category.*

The estimated number of individuals in the state of who are eligible for services is up to 435,239. This is based on the percentage of working-age people in Indiana with a disability from the 2011 Indiana population estimate from the U.S. Census Bureau. The U.S. Census Bureau disability data is self-reported.

BRS is able to serve 21,166 individuals with available funds.

Projected FFY14 Expenditures equal \$75,955,000 (\$74,480,000 Title I including Federal grant and non-federal match), \$475,000 Title VI-B, \$1,000,000 SSA/VR Program Income). Of the projected total expenditures, \$53,168,500 is the projected cost for case services, leaving \$22,786,500 projected for administrative costs).

Title I - State: \$15,864,240 – Federal: \$ 58,615,760 Total Title I: \$74,480,000

Title VIB - \$475,000 (estimate)

SSA/VR reimbursement \$1,000,000 (estimate after CIL contracts are funded)

Identify the cost of services for the number of individuals estimated to be eligible for services. If under an order of selection, identify the cost of services for each priority category.

Indiana is not under an Order of Selection. Total Cost of client services is anticipated to be \$53,168,500 (Title I 51,693,500 + Title VI-B 475,000 + SSA/VR 1,000,000).

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Category	Title I or Title VI	Estimated Funds	Estimated Number to be Served	Average Cost of Services
Part B of Title I (federal & state match combined)	Title I	\$51,693,500	20,579	\$2,512
Part B of Title VI	Title VI	\$475,000	189	\$2,512
SSA/VR		\$1,000,000	398	\$2,512
Totals		\$53,168,500	21,166	\$2,512

Attachment 4.11(c)(1) State Goals and Priorities

The goals and priorities are based on the comprehensive statewide assessment, on requirements related to the performance standards and indicators, and on other information about the state agency. (See section 101(a)(15)(C) of the Act.) This attachment should be updated when there are material changes in the information that require the description to be amended.

- *Identify if the goals and priorities were jointly developed and agreed to by the state VR agency and the State Rehabilitation Council, if the state has a council.*
- *Identify if the state VR agency and the State Rehabilitation Council, if the state has such a council, jointly reviewed the goals and priorities and jointly agreed to any revisions.*
- *Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.*
- *Ensure that the goals and priorities are based on an analysis of the following areas:*
 - *the most recent comprehensive statewide assessment, including any updates;*
 - *the performance of the state on standards and indicators; and*
 - *other available information on the operation and effectiveness of the VR program, including any reports received from the State Rehabilitation Council and findings and recommendations from monitoring activities conducted under section 107.*

The goals and priorities as outlined below were developed in concert with the State Rehabilitation Council (SRC) (Indiana's Commission on Rehabilitation Services). To enable the

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SRC to provide meaningful feedback and suggestions, each Commission meeting includes a BRS Director's Update to ensure that they remain informed throughout the year.

Identify if the state VR agency and the State Rehabilitation Council, if the state has such a council, jointly reviewed the goals and priorities and jointly agreed to any revisions.

The SRC participates in a state plan development meeting at the beginning of each year to work with key BRS staff that are developing specific state plan documents. This meeting includes review of the Goals and Priorities attachment. As the state plan undergoes various stages of revision, it continues to be shared with the SRC and BRS staff. Prior to public hearings, each Commission member receives the draft state plan and is asked to provide feedback. A representative from the Client Assistance Program (CAP) is represented on the SRC.

Ensure that the goals and priorities are based on an analysis of the following areas:

- the most recent comprehensive statewide assessment, including any updates; the performance of the state on standards and indicators; and other available information on the operation and effectiveness of the VR program, including any reports received from the State Rehabilitation Council and findings and recommendations from monitoring activities conducted under section 107.*
- Input from CRPs, and other key stakeholders is also considered in development of goals and priorities. Additionally, all information from assessments, appeals, and public input guides BRS in developing the Goals and Priorities.*

Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.

AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT

OBJECTIVE A: BRS will collaborate with state and local partners that also serve individuals with disabilities to increase appropriate VRS applicants.

Priority 1: Conduct outreach activities to increase knowledge and awareness of VRS and ensure that VR services are available to all eligible individuals who require them.

Measure: BRS will experience at least a 2% increase in VRS applicants from the prior year. (FFY13: 13,042)

Priority 2: BRS, in cooperation with the Bureau of Developmental Disabilities Services (BDDS), will continue to provide and enhance a seamless service delivery system for consumers

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transitioning into BRS services, then from BRS Services to Supported Employment Follow-Along (SEFA) services.

Measure: BRS will see a 2% increase in employment outcomes for individuals with a primary impairment of a cognitive disability from the prior FFY. (FFY13: 1,354)

Priority 3: Identify 2-4 specific partners for collaboration and targeted outreach to populations who may benefit from VR services.

Measure: BRS will conduct or participate in 20 or more targeted education and outreach activities in FFY15 (i.e. agency/bureau cross training event, outreach to parent advocacy organizations).

OBJECTIVE B: Indiana BRS will increase the quantity and quality of job placements.

Priority 1: BRS will develop state and local strategies to improve services provided to transition aged youth, e.g. internships/work experiences while still in high school.

Measure: BRS will experience at least a 2% increase in transition aged applicants to VRS compared to the prior year. (FFY13: ADD BASELINE)

Priority 2: BRS will implement a process for increasing accountability of CRPs to improve the quality of employment services and outcomes.

Measure: A process for increasing CRP accountability will be implemented by July 2015.

Priority 3: BRS, with input from CRPs and other stakeholders, will conduct a review of VRS employment services rates. Necessary modifications will be made to ensure that the employment services model and rate structure supports the provision of quality services and employment outcomes.

Measure: Recommendations for employment services rate restructuring will be implemented on or before July 2015.

Priority 4: BRS will continue to work closely with the Blind and Visually Impaired Services (BVIS) through the Business Enterprise Program (BEP) to expand employment opportunities.

Measure: The employment rate for BEP trainees will at a minimum meet the federal rehabilitation rate indicator of 55.8%.

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OBJECTIVE C: BRS will develop program initiatives and training that adequately supports staff in the provision of quality services.

Priority 1: BRS will make progress toward the development of a web-based VRS case management system to improve efficiency and enhance the mobile working environment of VR field staff.

Measure: Requirements will be gathered for a new, web-based case management system with targeted implementation during FFY15.

Priority 2: BRS will identify an improved system for the provision and identification of professional development and training for staff, i.e. new VR Counselor training.

Measure: BRS will explore options for staff professional development and identify a proposed solution by May 2015.

Priority 3: BRS in collaboration with Deaf and Hard of Hearing Services (DHHS) and BVIS will provide necessary training and technical assistance to VR counselors who have a specialized caseload serving individuals who are deaf or hard of hearing, and individuals who are blind or visually impaired.

Measure: Quarterly meetings/trainings will be held with specialty VR Counselors, facilitated by DHHS and BVIS staff. The first meeting/training for FFY15 will be completed by fall 2014. Agenda's will be set based on training and discussion needs identified by VR Specialty Counselors and their Supervisors.

Priority 4: BRS, along with providers, INARF, other state agencies (i.e. Department of Mental Health and Addiction (DMHA)), and other stakeholders will facilitate cross training opportunities for VRS and provider staff to clarify VRS policies and practices and enhance consistency in service delivery.

Measure: A minimum of three formal cross-training events will occur during FFY15.

Attachment 4.11(c)(4) Goals and Plans for Distribution of Title VI, Part B Funds

Specify the state's goals and priorities with respect to the distribution of funds received under section 622 of the Act for the provision of supported employment services.

BRS will purchase Supported Employment (SE) services for consumers with most significant disabilities (MSD), with the funds received under section 622 of the Rehabilitation Act

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Amendments of 1998. Consumers will be able to access SE services through Community Rehabilitation Programs (CRPs), which include Community Mental Health Centers (CMHCs) across the state. It should be noted that SE services, if appropriate for the individual's plan for employment, are provided through Title I funds as well as Title VI B funds if available.

Supported employment services include:

1. Any specialized assessment to supplement a comprehensive assessment of rehabilitation needs.
2. The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;
3. Job development and placement;
4. Social skills training;
5. Regular observation or supervision of the consumer;
6. Follow-up services including regular contact with consumer, employer, the parents, family members, guardians, advocates or authorized representatives of the consumer, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;
7. Facilitation of natural supports at the worksite;
8. Any other service identified in the scope of VR services for consumers; or,
9. Any service similar to the foregoing services. Indiana has established two goals for its SE program.

Goals and priorities for SE:

Corresponding BRS Objective-OBJECTIVE B: Indiana BRS will increase the quantity and quality of job placements.

Priority 1: BRS will analyze the current employment services rate structure for eligible SE consumers and implement necessary system changes in an effort to improve SE service provision.

Measure: Implement necessary system changes by July 2015.

Priority 2: BRS will continue to increase the quantity and quality of job outcomes for individuals with the most significant disabilities through Project SEARCH.

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Measure: At least 75 students will obtain work experience through Project SEARCH, and at least 50% of SEARCH participants will obtain competitive employment outcomes.

Attachment 4.11(d) State's Strategies

This attachment should include required strategies and how the agency will use these strategies to achieve its goals and priorities, support innovation and expansion activities, and overcome any barriers to accessing the vocational rehabilitation and the supported employment programs. (See sections 101(a)(15)(D) and (18)(B) of the Act and Section 427 of the General Education Provisions Act (GEPA)).

Describe the methods to be used to expand and improve services to individuals with disabilities.

Identify how a broad range of assistive technology services and assistive technology devices will be provided to individuals with disabilities at each stage of the rehabilitation process; and describe how assistive technology services and devices will be provided to individuals with disabilities on a statewide basis.

Identify what outreach procedures will be used to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities; and what outreach procedures will be used to identify and serve individuals with disabilities who have been unserved or underserved by the VR program.

If applicable, identify plans for establishing, developing, or improving community rehabilitation programs within the state.

Describe strategies to improve the performance of the state with respect to the evaluation standards and performance indicators.

Describe strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

Describe how the agency's strategies will be used to:

- achieve goals and priorities identified in Attachment 4.11(c)(1);*
- support innovation and expansion activities; and*
- overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the state Vocational Rehabilitation Services Program and the state Supported Employment Services Program.*

Describe the methods to be used to expand and improve services to individuals with disabilities.

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BRS has formed a new Business and Community Engagement 'unit' to increase focus on appropriate outreach and education aimed at increasing appropriate referrals to VR; and to continue with BRS' business outreach efforts aimed at increasing employment opportunities to VR consumers. Additionally, BRS has developed a rate reform workgroup to evaluate the current employment services system, provider rates, and provision of appropriate employment services including quality up-front assessment and discovery and adequate ongoing supports. This rate reform workgroup is composed of representatives from BRS, providers, INARF, and the Indiana Institute for Disability and Community (IIDC) at Indiana University. BRS is also evaluating the use of internship and work experiences, especially for transition aged youth who may have little or no work history. BRS staff training as well as training for providers will continue to be a high priority as a strategy for improving employment services and outcomes. Finally, BRS is reviewing the VRS referral procedures and will be rolling out improved procedures aimed at improving the referral process and increasing the rate of individuals moving from referral to application.

Identify how a broad range of assistive technology services and assistive technology devices will be provided to individuals with disabilities at each stage of the rehabilitation process; and describe how assistive technology services and devices will be provided to individuals with disabilities on a statewide basis.

Assistive Technology During Rehab Process -Pursuant to the Indiana VRS Policy Manual, VR Counselors review each individual's need for Assistive Technology (AT) devices and services at each stage of the rehabilitation process (i.e. eligibility determination, plan development and implementation, and placement). This is done through personal interviews with the consumer, observations, and professional AT assessments. Appropriate training is also provided as necessary, to ensure that consumers are able to independently utilize their adaptive equipment.

Assistive Technology Statewide - BRS is currently contracting the Assistive Technology Grant to a statewide 501(c)(3) assistive technology program, Easter Seals Crossroads Rehabilitation Center. Contract deliverables include: coordination and collaboration with BRS on AT services; increasing public awareness, training and technical assistance; providing device demonstrations, a device loan program, device reutilization program and state financing. This 'INDATA' program also offers targeted training to VR staff to increase staff knowledge on the availability and provision of AT services and devices. An upcoming statewide vendor exposition is planned later this year as well.

Identify what outreach procedures will be used to identify and serve individuals with disabilities who are minorities, including those with the most significant disabilities; and what outreach

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procedures will be used to identify and serve individuals with disabilities who have been unserved or underserved by the VR program.

BRS has increased focus on outreach under the guidance of a new BRS Director. As mentioned earlier, BRS now has a designated unit focused on education and outreach. BRS will be working to identify targeted partners where relationships could be developed or enhanced in an effort to increase VR referrals and applicants and leverage resources in serving job seekers with disabilities. The Transition aged youth population has been identified as an under-served population by BRS and efforts are already underway to increase outreach to this population including plans to implement a work experience/internship fee for service to enable students with disabilities to gain meaningful work experiences while still in high school. BRS will also be working to identify effective strategies for reaching out to minority populations. Finally, BRS continues to partner with the Bureau of Developmental Disability Services (BDDS) to encourage BDDS eligible consumers to apply for VR services, thereby increasing services to those with the most significant disabilities. Conversations are also underway with the Division of Mental Health and Addiction (DMHA) to identify strategies to enhance that partnership and improve services to VR consumers with severe mental illness.

If applicable, identify plans for establishing, developing, or improving community rehabilitation programs within the state.

N/A

Describe strategies to improve the performance of the state with respect to the evaluation standards and performance indicators.

As mentioned above, BRS has formed a VR rate reform group to identify and implement improvements to the current employment services model (Results Based Funding), with the goal of increasing the quantity and quality of employment outcomes. Similarly, the implementation of work experience opportunities for transition aged youth has also been identified as a strategy for improving outcomes. Training is also a high priority as a strategy for increasing outcomes, including both VR staff training and provider training. BRS will be working to identify necessary improvements to training for employment consultants over this next year. It has also come to BRS' attention that the availability of ongoing technical assistance for employment services providers may prove to be an effective strategy in increasing provider performance regarding the quantity and quality of employment outcomes for individuals served. Finally, BRS continues to encourage VR Counselors to have more engagement with consumers throughout the process, especially in the Results Based Funding process. BRS will be looking at necessary restructuring of staffing levels and responsibilities to ensure that VR Counselors have the time and ability to provide important counseling and guidance.

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Describe strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

BRS continues to engage in regular conversation with DWD to improve and align services for shared consumers. BRS is also represented on the local Workforce Investment Boards. DWD received a Disability Employment Initiative (DEI) grant and BRS leadership sit on the statewide DEI taskforce as well as a number of taskforce subgroups. Potential strategies that have been identified thus far include intensive cross training of VR and DWD staff and piloting a Ticket to Work Partnership Plus effort.

Describe how the agency's strategies will be used to:

- *achieve goals and priorities identified in Attachment 4.11(c)(1);*

All strategies listed above support BRS' goals and priorities. In addition, BRS is in the process of developing a new, web-based case management IT system that is scheduled to be implemented in FFY15. One of the goals of the new system is to increase intra-agency communication regarding shared consumers. Also, BRS is working with DDRS Provider Relations to implement a process for monitoring of CRP's. Implementation of a formal monitoring process will have a focus on ensuring that CRP staff obtain adequate training for the provision of employment services including evaluation, community based assessments, job development, job coaching, provision of ongoing supports, development of natural supports, etc.

- *support innovation and expansion activities; and*

The I and E authority is utilized to support the Indiana Council on Independent Living, as well as new and cutting edge initiatives that open the door for new employment opportunities for individuals with disabilities and/or increase opportunities for those with the most significant disabilities. One potential innovative strategy is increasing hiring opportunities for individuals with disabilities in state government through the INTERN program. The INTERN program focuses on matching VR consumers with internships and employment opportunities across state government.

- *overcome identified barriers relating to equitable access to and participation of individuals with disabilities in the state Vocational Rehabilitation Services Program and the state Supported Employment Services Program.*

One identified barrier is lack of appropriate referrals to VR, especially transition aged youth referrals. BRS data shows a decline in transition applicants since 2009. The State Rehabilitation Commission also identified this as a barrier. This goes hand in hand with the primary barriers identified by stakeholders and outlined in the FFY13 triennial needs assessment. Those

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identified barriers include: support systems of consumers (i.e. group homes, front line staff, families, case managers) aren't always supportive of employment opportunities; and expectation of employment is not established at an early age.

In addition to many of the strategies outlined above, BRS is collaborating with DOE and with an IU research pilot to identify and implement strategies for increasing the number of youth with disabilities served by BRS. Furthermore, BRS has identified a Transition Coordinator within the bureau who will coordinate transition activities, improvements, and initiatives for VR. Finally, BRS is investigating the use of social media to enhance our ability to reach out to, and communicate with this population. While the barriers identified through the triennial needs assessment are more global issues, BRS believes that outreach and focus on transition will help to start minimizing the barriers bulleted above.

Attachment 4.11(e)(2) Evaluation and Reports of Progress

Vocational Rehabilitation (VR) and Supported Employment (SE) Goals

1. Clearly identify all VR program goals consistent with the goals described in the FY 2011 Attachment 4.11(c)(1), including an evaluation of the extent to which the VR program goals were achieved.

- Identify the strategies that contributed to the achievement of the goals.*
- Provide a description of the factors that impeded the achievement of the goals and priorities.*

The goals and priorities as outlined below were developed in consideration of comments and suggestions of the State Rehabilitation Council (SRC) (Indiana's Commission on Rehabilitation Services) regarding VR services provision. Each Commission meeting includes a BRS Director's Update to ensure that they remain informed throughout the year.

The SRC participates in a state plan development meeting at the beginning of each year, where BRS staff gather specific commission member comments and input. Prior to public hearings, each Commission member receives the draft state plan, including the State Goals and Priorities and the CSPD Attachments, and is asked to provide feedback. A representative from the Client Assistance Program (CAP) is represented on the SRC.

Identify the goals and priorities in carrying out the vocational rehabilitation and supported employment programs.

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AGENCY GOAL: TO INCREASE THE NUMBER OF PEOPLE WITH DISABILITIES IN INTEGRATED, COMPETITIVE EMPLOYMENT

OBJECTIVE A: Indiana BRS will increase the quantity and quality of job placements.

Priority 1: BRS will continue with Employment Innovation initiatives. BRS will ensure that all stakeholders are updated and informed about job openings. BRS will continue to partner with the National Vocational Rehabilitation Business Network (CSAVR-NET).

Measure: Indiana will utilize and expand upon existing business partnerships resulting in 100 employment outcomes.

2013 OUTCOME: Achieved. There are well over 100 employment outcomes as a result of existing business partnerships. As of last available report, employment outcomes were over 250.

Priority 2: BRS will continue to increase the quantity and quality of job outcomes for individuals with the most significant disabilities through Project SEARCH.

Measure: In 2013 Indiana will maintain at least 10 fully implemented Project SEARCH sites statewide. At least 75 students will obtain work experience through Project SEARCH, and at least 50% of the youth will obtain competitive employment outcomes.

2013 OUTCOME: Indiana continues to operate 10 Project SEARCH sites throughout the state. 95 students completed the program in 2013. As of March 2014, 58% of students who completed the program in June had obtained employment. The remaining graduates continue to seek employment. The overall placement rate for Project SEARCH is 68% (2008 to present).

Priority 3: BRS will identify collaborative opportunities with high schools to enhance services to transition aged youth.

Measure: BRS will formalize partnerships with high schools through third party cooperative arrangements or other cooperative agreements, to increase collaboration around serving youth. Formalized partnerships with at least 2 schools will be established by September 2013. VR counselors participate in local transition councils if they exist in the community. BRS will participate in the Statewide Policy Group for transition as well as the Semi-annual transition forum.

2013 OUTCOME: Not Achieved. While BRS did not formalize cooperative agreements, BRS did achieve gains in overall transition efforts. The Indiana Secondary Transition Resource Center (INSTRC) focuses on the building of statewide capacity to support evidence-based practices and resources in order to promote effective transition planning and services for students with

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disabilities. The INSTRC created a model of regional Cadres of Transition Leaders, based on the seven geographic Indiana Council of Administrators of Special Education (ICASE) roundtables. The ultimate goal for each Roundtable Cadre of Transition Leaders is that they would work to build capacity to improve transition planning, services and outcomes within their own district as well as serve as resources across their Roundtable Cadre. BRS staff participates in the Cadres and continues to work on transition efforts at the local level. BRS also continues to be an active partner on the Statewide policy council for transition.

Priority 4: BRS will continue to work closely with the Blind and Visually Impaired Services through the Business Enterprise Program (BEP) to expand employment opportunities.

Measure: 50% of consumers who successfully complete BEP training will secure employment as a licensed vendor by January 2013.

2013 OUTCOME: Achieved. Five consumers completed the program and 4 of 5 are employed.

Priority 5: BRS will work with stakeholders to explore strategies for improving Ticket to Work activities in Indiana.

Measure: A workgroup will develop recommendations aimed at increasing ticket assignments and ticket payments in Indiana by January 2013. Recommendations will be evaluated and implemented as appropriate by July 2013.

2013 OUTCOME: Not Achieved. This priority has been delayed and will be revisited under new BRS Leadership. BRS is partnering with the Department of Workforce Development (DWD) Disability Employment Initiative (DEI) grant to address strategies for increasing employment outcomes for individuals with disabilities, especially those who are ticket holders. Discussions are in process regarding the development of a MOU between a DWD DEI pilot sites and BRS to facilitate the assignment of tickets to DWD as the Employment Network (EN) after VR closure.

Priority 6: BRS will continue implementation of the Performance Improvement Plan designed to improve performance indicators 1.1., 1.2, 1.6: number of rehabilitants, rehabilitation rate, and difference in primary source of income between application and closure.

Measure: BRS will meet or exceed standards 1.1 and 1.2 by the end of FFY 2013.

2013 OUTCOME: Partially Achieved. BRS did not meet standard 1.1 (FFY2012: 4,729/FFY2013: 4,652). BRS exceeded standard 1.2 (Federal Target: 55.80%/FFY2012: 57.06%/FFY2013: 60.69%).Standard 1.6 was not met (FFY2012: 51.12%/FFY2013: 50.66%). In May 2012, BRS was notified that all requirements indicated on the Performance Improvement Plan had been successfully met and the PIP is closed.

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OBJECTIVE B: BRS will collaborate with state and local partner agencies that also serve individuals with disabilities in order to provide a seamless delivery system.

Priority 1: BRS, in cooperation with the Bureau of Developmental Disabilities Services (BDDS) through the 'Employment First' demonstration sites, as well as the DDRS-wide employment initiative, will establish a seamless service delivery system for consumers transitioning into BRS services, then from BRS Services to Supported Employment Follow-Along (SEFA) services.

Measure: By the end of FFY 2013, BRS and BDDS will implement process improvements to more effectively transition individuals from one program to another, which will include training to VR, BDDS, providers, and case managers.

2013 OUTCOME: Partially Achieved. Training did occur as planned, however BRS has recognized that additional review of the VR and BDDS systems is necessary, and subsequently additional training to staff will occur. There have been many changes that have taken place within the BDDS system over the past year and this has resulted in a need to revise current processes and guidance to ensure the best, most seamless services for consumers. Efforts were made to improve the process for demonstrating that consumers in supported employment achieve stabilization on the job prior to VR closure and transfer to extended services. A new stabilization process was rolled out July 2013 to providers and VR staff that has increased accountability for ensuring consumers truly achieve stability prior to VR closure.

Priority 2: BRS in collaboration with the Manager of Deaf and Hard of Hearing Services (DHHS) will provide necessary training and technical assistance to VR counselors who have a specialized caseload serving individuals who are deaf or hard of hearing.

Measure: Conduct at least two statewide annual meetings in FFY 2013 to address training needs and provide ongoing technical assistance to staff as needed.

2013 OUTCOME: Achieved. Two trainings were held in 2013. Training was conducted for counselors with specialty caseloads that serve individuals who are blind/visually impaired and/or deaf/hard of hearing. A second training event was held for the counselors with specialty caseloads that serve individuals who are deaf and/or hard of hearing.

Priority 3: BRS will investigate approaches to job placement and identify areas of improvement, e.g. improved collaboration with post-secondary entities in placing college graduates.

Measure: Indiana Federal Indicators will improve.

2013 OUTCOME: Partially Achieved. In FFY 2013, BRS improved in 3 Federal Indicators (1.2, 1.4, 2.1), exceeded in 5 Indicators (1.2, 1.3, 1.4, 1.5, 2.1), and did not meet 2 Indicators (1.1,

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1.6). BRS also implemented the INTERN program which focuses on placing VR consumers into internships and jobs within state government. In its first year of operation, the INTERN program resulted in achievement of full-time (with benefits) state employment for 20 VR consumers.

OBJECTIVE C: The BRS program administration will function effectively and efficiently, supporting all aspects of the program.

Priority 1: BRS will continue the refinement of the automated case management system by evolving to a fully paperless system.

Measure: By the end of FFY 2013 the electronic case management system will be incorporated into a FSSA/DDRS integrated case management system.

2013 OUTCOME: In Progress. Functional improvements were made to IRIS throughout the year including streamlining various case management processes. At the end of 2013, a new case management system platform was identified and work has begun on requirements gathering. A roll-out of the new system is planned to occur by December 2014.

Priority 2: Through the Leadership Academy, BRS will provide training to staff to enable them to provide superior services to their consumers. This will include specialized training to serve individuals who are deaf/hearing impaired, blind/visually impaired and individuals who have sustained a traumatic brain injury.

Measure: By the end of FFY2013, BRS will have training modules developed and/or updated for specialty and advanced courses including deaf/hearing impaired, blind/visually impaired, and individuals who have sustained a traumatic brain injury. Modules on severe and persistent mental illness will be widely available.

2013 OUTCOME: Partially Achieved. Modules on severe and persistent mental illness are available. Advanced course on working with individuals who are blind/visually impaired is still in process and almost completed. The course working with individuals who are deaf/hearing impaired and course for individuals who have sustained a traumatic brain injury are still in the planning/development phase. Additionally, a web-based course designed to train VR Counselors on important aspects of the Rehabilitation Act has been drafted.

Priority 3: BRS will ensure all field staff are adequately trained and oriented to streamlined/standardized case management processes. BRS will ensure that staff has the tools to do their jobs. This includes resource allocation and maintenance of equitable caseload size among VR Counselors.

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Measure: By the end of 2013, following a pilot, appropriate equipment (i.e. droids) will be rolled-out to improve connectivity and efficiency. Furthermore, BRS will continue to advocate for ensuring that VR Counselor positions are filled in order to maintain caseload sizes of no more than 120 consumers per Counselor on average.

2013 OUTCOME: Achieved. At the end of 2013 the majority of counselors and supervisors were equipped with iPhones. This along with the inclusion of texting has increased the connectivity and efficiency of staff. Plans are being developed to equip those few not currently equipped in the near future. Regarding VRC positions, at the end of 2013 all VRC vacancies have been approved for posting and are in the process of selection and interviewing. Once those positions are filled the resulting caseload average will be under 110 barring further vacancies developing.

Priority 4: BRS will establish and implement innovative, stratified, state-local coordinated systems of support for individuals with Traumatic Brain Injuries (TBI). Activities supported through the TBI grant will seek to establish an infrastructure, involving relevant state agencies, through which Resource Facilitation services will be utilized to increase employment outcomes for individuals with TBI. This project is for individuals aged 15 through 19, living in rural areas, and with lower socioeconomic status.

Measure: In 2013 BRS will continue to work toward the grant goal of 60% of 300 people with TBI returning to work or school within one year after their discharge from acute inpatient rehabilitation.

2013 OUTCOME: The VR TBI grant and provision of Resource Facilitation (RF) Services continued throughout 2013. The return to work rate of individuals with TBI who are engaged in RF is currently 63%.

Priority 5: BRS will work to increase fiscal resources by maximizing reimbursement through SSA/VR.

Measure: BRS seeks to recoup at least \$1.5 million in SSA/TTW reimbursement in 2013.

2013 OUTCOME: Achieved. BRS was able to recoup \$4 million in SSA/TTW reimbursement for FFY 2013.

Priority 6: BRS will continue to improve program and fiscal accountability and federal reporting. BRS will require technical assistance from RSA and TACE.

Measure: BRS will continue to conduct bi-weekly budget meetings to address fiscal issues. Additionally, the BRS Director will review and approve all federal reports prior to submission.

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2013 OUTCOME: Regular budget meetings continue. Each fiscal report is reviewed and approved by the BRS Director prior to submission. These processes have resulted in an improvement in the accuracy and timeliness of federal reports.

Priority 7: BRS will exhaust all cost saving measures to avoid the implementation of Order of Selection (OOS).

Measure: BRS will not close categories or implement a waitlist.

2013 OUTCOME: Achieved. BRS continues to utilize cost saving measures and has not needed to implement OOS.

Priority 8: BRS will, through improved communication between leadership and field staff, become better aligned to the BRS mission.

Measure: Conduct quarterly Statewide Supervisor meetings, bi-weekly leadership team meetings, distribute quarterly directors update as well as the VR Voice, and a 2-day Statewide VR Counselor event and ensure that field staff are involved in all workgroups.

2013 OUTCOME: Achieved. Four BRS Supervisor meetings occurred during 2013. The leadership team met on a bi-weekly basis throughout the year and the BRS Symposium was held in December 2012.

Attachment 6.3 Quality, Scope, and Extent of Supported Employment Services

- *Describe quality, scope, and extent of supported employment services to be provided to individuals with the most significant disabilities*
- *Describe the timing of the transition to extended services*

Consumers obtain Supported Employment (SE) services through many Community Rehabilitation Programs (CRPs) across the state, based on the following:

Certification of Accreditation of Rehabilitation Facilities (CARF) Principles (although the provider may be certified by CARF or another accrediting body, including: the Council on Quality and Leadership in Supports for People with Disabilities, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Commission on Quality Assurance, or another independent national accreditation organization approved by the Secretary of the Indiana Family and Social Services Administration (FSSA), including ISO):

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- The organization promotes the basic human rights, dignity, health, and safety of the persons served;
- The organization demonstrates that the persons served are involved in individual planning, decision making, and implementation of the services they will receive;
- The organization provides services that are designed to enhance the independence, self-sufficiency, and productivity of the persons served; and,
- Based on the informed choice of the persons served, the organization, using a team approach, provides coordinated, individualized, and goal oriented services leading to the desired outcome.

The scope of SE services will include:

- Preparation for employment, job development and placement services.
- Gathering information regarding the persons referred.
- Analyzing the information to determine opportunities for employment in the labor market geographically accessible to them.
- Providing counseling or training to obtain and maintain the desired employment. - Identifying and/or developing job opportunities.
- Providing on-site job analysis, consultation, and re-commendations for worksite and job modifications when appropriate.
- Maintaining an organized system of recording job openings and contacts.
- Providing feedback to persons seeking employment.

Follow-along resources (extended services) will be identified as early as possible with the VR counselor and provider staff working together to secure necessary resources. VR counselors are facilitating a seamless transition to extended services prior to VR case closure.

It was the intent, as rates were developed for the provision of SE services, to provide reimbursement for professional staff at CRPs in order to provide quality services. CRPs are reimbursed on a Results Based Funding (RBF) system based on a two tiered approach. Tier 1 is for consumers with the most significant disabilities who are in need of ongoing support and Tier 2 is for consumers who are not in need of ongoing support.

The reimbursement milestones for Tier 1 are:

- Assessment and Individual Plan for Employment Supports

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- 5th Day on job
- 30 Day on job
- Stabilization on job and Eligible for Closure

The reimbursement milestones for Tier 2 are:

- Assessment and Individual Plan for Employment Supports
- 5th Day
- 30th Day
- Eligible for Closure

For FFY15 the new BRS administration is focusing on improving the provision of the quality of supported employment services and further evaluating the process for transition to extended services. There is an identified need to ensure ongoing supports are used appropriately to secure quality employment outcomes for those consumers. BRS staff is working closely with the Bureau of Developmental Disability Services (BDDS) and the Department of Mental Health and Addiction (DMHA) to identify areas of concern, implement needed changes in practice, and provide training of BRS staff and providers. In addition, the current RBF funding model is being analyzed through a rate reform workgroup (as stipulated in Attachment 4.11(d)) to address current provider rates and the provision of appropriate employment services, including adequate ongoing supports.